

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040340

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 465

AMENDED

FILED DEC 12 1961

| | | | | | | |
|--|---|---|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY CAPE | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Stoddard | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau, | | Length of stay in 1b 3 wks. | c. CITY OR TOWN Bloomfield, | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Mo. Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) | | Reside on Farm? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First NELL Middle BATES Last BLOMEYER | | | 4. DATE OF DEATH Month Nov. Day 21, Year 1961 | | | |
| 5. SEX F. | 6. COLOR OR RACE W. | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-21-1896 | 9. AGE (last birthday) 65 | IF UNDER 1 YEAR Months 6 Days 5 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher | | 10b. KIND OF BUSINESS OR INDUSTRY High School | 11. BIRTHPLACE (City and state or country) Richmond, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Alonzo Bates | | 13b. MOTHER'S MAIDEN NAME Nancy Cates | | 14. NAME OF HUSBAND OR WIFE K. W. Blomeyer | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) --- | | 16. SOCIAL SECURITY NO. --- | 17. INFORMANT Address K. W. Blomeyer, Bloomfield, Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the gallbladder with extension</u> DUE TO (b) <u>into the liver with metastasis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 months | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE | |
| 21. I attended the deceased from <u>8/31/53</u> to <u>11/21/61</u> and last saw her <u>alive</u> on <u>11/21/61</u> Death occurred at <u>7:05 a. m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE <i>R. A. Ritter, M.D.</i> | | 22b. ADDRESS 1912 W. Broadway Cape Girardeau Mo. | | 22c. DATE SIGNED 11/29/61 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Nov. 23, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Bloomfield | | 23d. LOCATION (City, town, or county) (State) Bloomfield, Missouri | | |
| 24. FUNERAL DIRECTOR CHILES UND. CO., BLOOMFIELD, MO. | | ADDRESS | 25. DATE RECD. BY LOCAL REG. 12-4-1961 | 26. REGISTRAR'S SIGNATURE <i>James Kasten</i> | | |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

APR 4 1962

JAN 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
& by Lulu Cooper # 3499 ~~Student Embalmer No.~~

~~working under personal supervision.~~

Student _____
Signature of Student Embalmer

Signed Juan T. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.