

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035695

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 119 Primary Registration District No. 5423 Registrar's No. 42

STATE FILE NUMBER

FILED OCT 1 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
1 0370				
2 0370				
3				
4 1				
5 2				
6				
7 0				
8 2				
9 331x				
10				
11				
12 86-0				
13 1-0				

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) YORK		c. CITY OR TOWN Owensville	
c. FULL NAME OF (If NOT in hospital, give location) Frene Valley Rest Home		d. STREET ADDRESS (If outside, give location) 508 W. Monroe	
3. NAME OF DECEASED (Type or print) ANNA Sophia Blaske		4. DATE OF DEATH Sept. 23, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 11-2-88
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife & Factory		9b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	
10a. BIRTHPLACE (City and state or country) Owensville Mo		10b. CITIZEN OF WHAT COUNTRY U.S.A.	
11a. FATHER'S NAME Frank Buchholz		11b. MOTHER'S MAIDEN NAME MARIE Poppenhouse	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		12b. SOCIAL SECURITY NO. 491-24-0887	
13a. NAME OF HUSBAND OR WIFE Frank Blaske		13b. ADDRESS Eugene Blaske Owensville, Mo.	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro vascular accident 33/ DUE TO (b) Arteriosclerosis 4500 DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension		15. INTERVAL BETWEEN ONSET AND DEATH 5 days	
16. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		17. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐	
18. TIME OF INJURY Hour _____ a.m. _____ p.m.		19. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
22. CITY, TOWN, OR LOCATION		COUNTY STATE	
23. I attended the deceased from 7-1-63 to 9-23-63 and last saw her alive on 9-20-63		24. Death occurred at 5:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
25. SIGNATURE (Degree or title) Carol T. Shaw, M.D.		26. ADDRESS Hermann, Missouri	
27. DATE SIGNED 9-24-63		28. LOCATION (City, town, or county) (State) Owensville, Mo.	
29. BURIAL, CREMATION, REMOVAL (Specify) burial		30. DATE 9-26-1963	
31. NAME OF CEMETERY OR CREMATORY City Cemetery		32. LOCATION (City, town, or county) Owensville, Mo.	
33. FUNERAL DIRECTOR Gattenstroeter Funeral Home		34. ADDRESS Owensville Mo.	
35. DATE RECD. BY LOCAL REG. 9-25-63		36. REGISTRAR'S SIGNATURE Delma Uffelman	

USE BLACK INK

OR

TYPEWRITER RIBBON

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 1963

2 1/2 months

500 W. Monroe

Sept. 23, 1963

Bohria

Frank Bleske

Frank Bleske

Eugene Bleske Owensville, Mo.

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,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jerry A. Thompson

Licensed Embalmer No. 5165

P. O. Address Owensville 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.

Owensville, Mo.

City Cemetery

9-26-1963

Embalmed