

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41251

STATE FILE NUMBER

FILED DEC 24 1956

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 334

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>Henry</i>		a. STATE <i>Missouri</i> COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Clinton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Montrose</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Lofton Rest Home</i>		Length of stay in lb <i>1 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>28</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
<i>Henry Bernard Blomert</i>			<i>12-18-1956</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>4-15-1890</i>	9. AGE (In years last birthday) <i>66</i>	IF UNDER 1 YEAR
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Montrose Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Barney Blomert</i>			14. MOTHER'S MAIDEN NAME <i>Rose Stapf</i>		
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. <i>—</i>	17. INFORMANT <i>Martin Blomert</i> Address <i>Montrose Mo</i>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>		<i>Immediate</i>
DUPLICATE (b) <i>Arteriosclerosis</i>		
DUPLICATE (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		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 Month, Day, Year <i>10-2-55</i>	<i>12-18-56</i>	
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 <i>10-2-55</i> to <i>12-18-56</i> and last saw <i>her</i> alive on <i>12-14-56</i>		
Death occurred at <i>9:55 P. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>Wm C Sunderwirth D.O.</i>	22b. ADDRESS <i>Clinton, Mo</i>	22c. DATE SIGNED <i>12-19-56</i>

23a. BURIAL, CREMATION, REMOVAL, (Specify) <i>Burial</i>	23b. DATE <i>12-21-1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St Mary</i>	23d. LOCATION (City, town, or county) (State) <i>Montrose MO</i>
24. FUNERAL DIRECTOR ADDRESS <i>Sickman-Dunning Clinton Mo</i>	25. DATE RECD. BY LOCAL REG. <i>12-20-56</i>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which suggest diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

11th.elfare
 12th.ublic
 13th.vice
 14th.
 15th.00
 16th.-56

5-21

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *R. L. Dunning*.....
Licensed Embalmer No. *H. 1*.....

P. O. Address *Clinton*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (If 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.