

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15867**  
**166**

BIRTH NO. _____		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>166</b>	
1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. LENGTH OF STAY (In this place) <b>14 days</b>		c. CITY OR TOWN <b>California</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Charles E. Still Osteopathic Hospital</b>				• STREET ADDRESS (If rural, give location) <b>Rt # 2.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Esther</b>		b. (Middle) <b>Marie</b>		c. (Last) <b>Block</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 24, 1956</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Dec. 28, 1922</b>	
9. AGE (In years last birthday) <b>33</b>		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home (Farm)</b>					
13a. FATHER'S NAME <b>Oscar A. Block</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Oesterly</b>		14. NAME OF HUSBAND OR WIFE <b>not married</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Donald Block California, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atelectasis</b>  ANTECEDENT CAUSES DUE TO (b) <b>Uremia</b> DUE TO (c) <b>Rheumatic Fever.</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Acute Glomerulonephritis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>14dys</b> <b>1mo</b> <b>16dys</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>400X</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>May 10</b> , 19 <b>56</b> , to <b>May 24</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>May 24</b> , 19 <b>56</b> , and that death occurred at <b>11:30 AM.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Eugene E. Roberts</b>		23b. ADDRESS <b>Jefferson City, Mo</b>		23c. DATE SIGNED <b>May 24, 56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/26/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>California, Mo</b>	
DATE REC'D BY LOCAL REG. <b>26 May 1956</b>		REGISTRAR'S SIGNATURE <b>R. L. Dorris, MD-MR.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Earl Bonham California, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 13 1957

SEP 19 1956

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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.....

Licensed Embalmer No. 493

P. O. Address California

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