

CERTIFICATE OF DEATH

FILED JUL 1 1968

Registration District No.

Primary Registration District No.

Registrar's No.

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Mary Anne Block		2. Female	June 11 1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEAR) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	5a. 70	6. Aug 18 1897	7a. Cole
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. Jefferson City, Mo		7c. Memorial Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	
8. Missouri		9. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	
12. 489-42-7522		13b. House Wife	
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION	
14a. Missouri 14b. Moniteau		14c. Tipton, Mo	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. George Oestorley		16. Lena Peters	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Oscar Block		17b. Rt # 1 Tipton, Mo	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) TUMOR INVASION, VITAL CENTERS			3 WEEKS
DUE TO, OR AS A CONSEQUENCE OF:			
(b) GLIOBLASTOMA OF BRAIN			1 YEAR?
DUE TO, OR AS A CONSEQUENCE OF:			
(c) (BRAIN TUMOR)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (10)			AUTOPSY (YES OR NO)
ARTERIOSCLEROSIS			19a. NO
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			19b. —
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a. —	20b. —	20c. M. 20d. —	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)
21a. —	21b. —	21c. —	
CERTIFICATION—PHYSICIAN	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HER ALIVE ON MONTH DAY YEAR
21a. I ATTEMPTED THE	21b. TO	21c. JUNE 11, 1968	21d. JUNE 11, 1968
21e. DECEASED FROM	21f. —	21g. —	21h. DIED
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a. —			22b. 2:30 PM
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE
22a. G. DONALD SHULL, M.D.			22b. G. Donald Shull M.D.
MAILING ADDRESS—CERTIFIER			DATE SIGNED (MONTH, DAY, YEAR)
22c. 521 E. HIGH ST.			22d. 6-24-68
STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP			
22e. JEFFERSON CITY, MO. 65101			
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
23a. Burial	23b. City Cemetery	23c. California, Mo	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS	(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
24a. 6/13/68	24b. Bowlin Funeral Home-100 S Oak	24c. California, Mo-65018	
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25a. John R. Bowlin	25b. Norma Miller	25c. 6-25-68	

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

89-1-1

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 John P. Bowlin
Licensed Embalmer No. 5150

P. O. Address California, Mo.
65018

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.