

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11997

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5306 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Cole Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centertown, Mo</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centertown, Mo</u>		Marion	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Centertown, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Centertown, Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Blochbarger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 7 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 29, 1894</u>
9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>7</u>	11. IF UNDER 2 yrs. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager of Elevator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmers Elevator</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Blochbarger</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Eggers</u>	
14. NAME OF HUSBAND OR WIFE <u>Iola Blochbarger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>493.09.1384</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Iona Blochbarger</u>		ADDRESS <u>Centertown</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
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) (Min.)		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 <u>Oct 27, 1946</u> , to <u>May 7, 1951</u> , that I last saw the deceased alive on <u>May 5, 1951</u> , and that death occurred at <u>8/30A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Caroline Herrifield</u> (Degree or title)		23b. ADDRESS <u>Centertown, Mo</u>	
23c. DATE SIGNED <u>May 9, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/9/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Centertown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centertown, Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 9</u>		REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hittenmeyer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Bowlin</u>		ADDRESS <u>California</u>	

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

2260

0260

RECEIVED 5-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 5-12-51

1951 91 APR 10

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Earl R. Bombin

Signed.....
Student Embalmer

Licensed Embalmer No. *2126*

P. O. Address *California*

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 this body is not embalmed, fact should be so stated above.