

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36761**

FILED NOV 28 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **80** PRIMARY REG. DIST. NO. **5307** Registrar's No. **183**

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

1. PLACE OF DEATH a. COUNTY <b>Cole</b> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Russellville- Rural</b> )		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Russellville - Rural</b> <b>0260</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>Farm- Southeast of Russellville</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Adam</b> c. (Last) <b>Blochberger</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11- 19- 51</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>4-8- 1866</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>11</b>	IF UNDER 24 HRS. Hours <b>11</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Lohman, Missouri- Rural</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S</b>
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13a. FATHER'S NAME <b>Andrew Blochberger</b>	13b. MOTHER'S MAIDEN NAME <b>Margareth Schodel</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ed Blochberger- Russellville, Mo</b>
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19. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of prostate gland</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>uraemic poisoning</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? <b>177X</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I, hereby certify that I attended the deceased from **Sept 20, 1951** to **Nov 19, 1951**, that I last saw the deceased alive on **Nov 19, 1951**, and that death occurred at **2:15 p.m.** from the causes and on the date stated above.

23a. SIGNATURE <b>W. L. Leslie M.D.</b>	(Degree or title) <b>0</b>	23b. ADDRESS <b>Russellville, Mo</b>	23c. DATE SIGNED <b>Nov 21-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-21-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lohman, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Nov. 21</b>	REGISTRAR'S SIGNATURE <b>Mrs. Minnie Hittman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. S. Schubert</b>	ADDRESS
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RECEIVED NOV 27 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed NOV 27 1951

APR 9 1959

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 \_\_\_\_\_  
Student Embalmer

Signed *W. J. Russell*

Licensed Embalmer No. *2870*

P. O. Address *Russellville*

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.