

STANDARD CERTIFICATE OF DEATH

1230

State File No. _____

FILED JAN 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>128</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived.) If institution: residence before admission.			
a. COUNTY <u>Jackson</u>		b. CITY OR TOWN <u>Nauvoo City</u>		c. LENGTH OF STAY (in this place) <u>47 yrs</u>		d. STREET ADDRESS <u>2723 Asker</u>	
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <u>SAMUEL</u>		b. (Middle) <u>PHILIP</u>		c. (Last) <u>DORNBLASER</u>		(Month) (Day) (Year) <u>JANUARY 8 1952</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>Nov 17 1878</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Salesman</u>		11. BIRTHPLACE (State or foreign country) <u>Valley Falls Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Miller Dornblaser</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Walter</u>		14. NAME OF HUSBAND OR WIFE <u>Elda Dornblaser</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-039406</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elda Dornblaser</u> ADDRESS <u>Kansas City, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis with infarction</u>					<u>4 mos.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>Arterio-sclerosis</u>					<u>years</u>
		DUE TO (c) <u>Hypertension heart disease</u>					<u>years</u>
		II. OTHER SIGNIFICANT CONDITIONS					<u>4201</u>
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Old hemiplegia</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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>June 7, 1947</u> , to <u>Jan 8, 1952</u> , that I last saw the deceased alive on <u>January 5, 1952</u> , and that death occurred at <u>11:15 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert Jansen</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>2220 E 31st St.</u>		23c. DATE SIGNED <u>Jan 9, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan 11, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Farrar</u>		24d. LOCATION (City, town, or county) (State) <u>Valley Falls Kansas</u>	
DATE REC'D BY LOCAL REG. <u>1-10-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. C. L. Foster</u>		ADDRESS <u>918 Brooklyn</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....
Student Embalmer

Signed *J. W. Hennel*
Student Embalmer No.....
Licensed Embalmer No. *3599*
P. O. Address *R. C. Mo*

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.