S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12524

FILED MAY 12 1952

BIRTH NO. 283-23 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 67

#m 0362 0

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (In this place): 2 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gasconade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hermann 0371
d. STREET ADDRESS (If rural, give location): W. 10th St /

3. NAME OF DECEASED (Type or Print): a. (First) David b. (Middle) Roy c. (Last) Block

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: May 6 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: Melvin Block
13b. MOTHER'S MAIDEN NAME: Marolyn Ploeger
14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Melvin Block, Hermann, Mo ADDRESS

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Depression respiratory center
DUE TO (c) Prematurity - 6 mo — 2 hours

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 ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-6, 1952, *to* 5-6, 1952, *that I last saw the deceased alive on* 5-6, 1952, *and that death occurred at* 4:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl T. Shaw, M.D. (Degree or title)
23b. ADDRESS: Hermann, Mo
23c. DATE SIGNED: 5-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 7-1952
24c. NAME OF CEMETERY OR CREMATORY: Hermann City Cemetery
24d. LOCATION (City, town, or county) (State): Hermann, Mo

DATE REC'D BY LOCAL REG.: May 7, 1952
REGISTRAR'S SIGNATURE: L C Stuehmann by L C Stuehmann 99-0
25. FUNERAL DIRECTOR'S SIGNATURE: Hugo H. Schmick ADDRESS: Hermann, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed working under my personal supervision.

Student Embalmer No.....

Signed [signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.