

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18661

State File No.

FILED MAY 26 1953

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon 0611</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>313 Vine 0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>FRED</u>	b. (Middle) <u>A</u>	c. (Last) <u>Blomberg</u>	(Month) <u>May</u>	(Day) <u>11</u>	(Year) <u>53</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. 16, 1868</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Month _____ Day _____	IF UNDER 1 MO. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Stockholm Sweden</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Gus Blomberg</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Blomberg</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie Blomberg</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>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Blomberg</u>	ADDRESS <u>Macon, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Artery Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Coronary atherosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>Unknown</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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) <u>Macon (Missouri)</u>
---	---	---

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 5-7-1953, to 5-11-1953, that I last saw the deceased alive on 5-10-1953, and that death occurred at 5:25 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Durden, D.O.</u>	23b. ADDRESS <u>Macon</u>	23c. DATE SIGNED <u>5/12/53</u>
--	-------------------------------------	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 13, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Macon, Mo.</u>
---	---------------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>5/12/53</u>	REGISTRAR'S SIGNATURE <u>Luth McNeely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Hutton</u>	ADDRESS <u>Macon, Mo.</u>
---	---	---	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 5193.90
Date Filed 5.23.53

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 Charles L. Hutton

Licensed Embalmer No. Macon Mo

P. O. Address # 4577

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.