

No. 300  
10.48

FILED OCT 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31124

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <b>LAFAYETTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>LAFAYETTE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Lexington</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CONCORDIA.</b>	
c. LENGTH OF STAY (in this place) <b>3 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>No ADDRESS OF LATE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Goodlow Rest Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Louis</b> b. (Middle) <b>H.</b> c. (Last) <b>BLANCH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 24 1954</b>		
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5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <del>SEPARATED</del>		8. DATE OF BIRTH <b>SEPT. 1. 1897</b>		9. AGE (In years last birthday) <b>57</b>		If under 1 year: Days <b>0</b> Hours <b>0</b> Min. <b>0</b>		If under 1 min. Hours <b>0</b> Min. <b>0</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Day Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>CONCRETE MIXING</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>CONCORDIA, MO</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		
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13a. FATHER'S NAME <b>HENRY BLANCH</b>			13b. MOTHER'S MAIDEN NAME <b>GESIA MEYER</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) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MARTIN DEHLSCHLAGER</b> ADDRESS <b>CONCORDIA, MO</b>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
		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. <b>Spasmodic paralysis type undetermined</b>						years _____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>491 X</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.				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 July 10 to Sept 24, 1954, that I last saw the deceased alive on Sept 2, 1954, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. Koppensorn, M.D.</b>		23b. ADDRESS <b>Higginsville, Mo.</b>		23c. DATE SIGNED <b>Sept 25-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>SEPT 27 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. PAUL'S</b>		24d. LOCATION (City, town, or county) (State) <b>CONCORDIA, MO</b>	
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DATE REC'D BY LOCAL REG. <b>9-29-54</b>		REGISTRAR'S SIGNATURE <b>M. M. G. G. G.</b>		FUNERAL DIRECTOR'S SIGNATURE <b>E. L. James</b>		ADDRESS <b>Concordia Mo</b>	
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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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. S. Jumper

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.