

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12973

State File No. _____

FILED MAY 4 1955

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6026 Registrar's No. 1

900

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

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Twsp Carroll</u>		c. LENGTH OF STAY (In this place) <u>17 yrs</u>	c. CITY OR TOWN <u>Twsp Carroll</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Approx 1 mi fr Greeley, Mo</u>		d. Is Residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>Approx 1 mi fr Greeley, Mo. /</u>		0900	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROSIE</u>	b. (Middle)	c. (Last) <u>BLUMER</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Apr 24 1955</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sep 8, 1883</u>	9. AGE (In years last birthday) <u>71</u>	# UNDER 1 YEAR Months <u>7</u>	YEAR Days <u>16</u>	# UNDER 4 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Geisenfeld, Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Alois Heiss</u>	13b. MOTHER'S MAIDEN NAME <u>Rosina Bahr</u>	14. NAME OF HUSBAND OR WIFE <u>John H. Blumer (deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Blumer, Jefferson City, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusions of the heart</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:50 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. J. R. Pytle (Coroner)</u>	(Degree or title)	23b. ADDRESS <u>Centerville, Mo.</u>	23c. DATE SIGNED <u>4/24/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 27 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crossville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greeleville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4/26/55</u>	REGISTRAR'S SIGNATURE <u>B. M. Fitzpatrick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blumell - wright - Salem, Mo.</u>	ADDRESS
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MAY 5 1955

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 _____
Signature of Student Embalmer

Signed Max L. Wafer

Licensed Embalmer No. 417

P. O. Address Salmon

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.