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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1956

35178
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 360

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Farmington, Mo. Rt. #1 — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Francois Twp. — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: Farmington, Mo. Rt #1 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

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3. NAME OF DECEASED (Type or print): First: Rhoda; Middle: Ann; Last: Blumenberg

4. DATE OF DEATH: Month: Oct.; Day: 14; Year: 1956

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: June 20, 1895

9. AGE (In years last birthday): 61

IF UNDER 1 YEAR: Months: 3; Days: 24 — IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant State Hosp.

10b. KIND OF BUSINESS OR INDUSTRY: #4

11. BIRTHPLACE (City and state or country): Whitewater, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: J.E. Jones

14. MOTHER'S MAIDEN NAME: Celia Grump

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.: 469-18-0810

17. INFORMANT: Herman M. Blumenberg — Address: Farmington, Mo. Rt #1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 7 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinomat of gall bladder — 7 mos
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 155X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m.; Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 9-10-56, to 10-14-56 and last saw her ~~him~~ alive on 10-13-56. Death occurred at 5:12 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George L. Wharton's MD

22b. ADDRESS: Farmington Mo

22c. DATE SIGNED: 10-15-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Oct. 17, 1956

23c. NAME OF CEMETERY OR CREMATORY: Whitewater Cem.

23d. LOCATION (City, town, or county) (State): Whitewater, Mo.

24. FUNERAL DIRECTOR: C.H. Cozean — ADDRESS: Farmington, Mo.

25. DATE RECD. BY LOCAL REG.: Oct. 15, 1956

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(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 en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....C H Cozean.....

Licensed Embalmer No..4

P. O. Address Farmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.