

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5419

State File No. ....

FILED MAR 11 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 215

0582

1. PLACE OF DEATH Linn County a. COUNTY Brookfield, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield, Missouri		c. CITY OR TOWN Brookfield <sup>0582</sup>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR NO INSTITUTION		e. STREET ADDRESS 614 South Livingston	

3. NAME OF DECEASED (Type or Print) Forrest	a. (First)	b. (Middle)	c. (Last) Blender	4. DATE OF DEATH 3-2-1957	(Month) (Day) (Year)
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH 3-13-1910	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months 11	IF UNDER 1 YEAR Days 20	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Auto Repair	11. BIRTHPLACE (City and State or Foreign Country) Linn County, Mo. 2	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME John S. Blender	13b. MOTHER'S MAIDEN NAME Clara Ross	14. NAME OF HUSBAND OR WIFE Thelma Blender
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY 486-07-0385	17. INFORMANT'S SIGNATURE OR NAME Thelma Blender-Brookfield, Mo	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, asthma, 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) Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart failure. DUE TO (c) Cirrhosis of Liver.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alcoholism, chronic		2 year -	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	5811	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) 2
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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 3/22, 1957, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 3/2, 1957, and that death occurred at 4:38 m., from the causes and on the date stated above.

23a. SIGNATURE <u>K. W. Bohman M.D.</u> (Degree or title)	23b. ADDRESS <u>3147 Main Brookfield, Mo.</u>	23c. DATE SIGNED <u>3/5/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-4-57	24c. NAME OF CEMETERY OR CREMATORY Purdin Cemetery	24d. LOCATION (City, town, or county) (State) Purdin, Mo.
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DATE REC'D BY LOCAL REG. <u>3-5-57</u>	REGISTRAR'S SIGNATURE <u>Katharine Johnson sep.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Rothen</u> ADDRESS <u>Lincoln Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

BROTHERS JOURNAL HOME

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

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**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.....  
*Blake Glidd*

Licensed Embalmer No. *501*

P. O. Address *Faded*

**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.