

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035992  
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 110 Primary Registration District No. 4182 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>New Haven</b>		c. CITY OR TOWN <b>NEW HAVEN</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First <b>AMELIA</b> Middle <b>BLOM</b> Last <b>BLOM</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>21</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED</b> <input type="checkbox"/> / <b>DIVORCED</b> <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 2, 1870</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>19</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home Making</b>		11. BIRTHPLACE (City and state or country) <b>Vloto Germany 4</b>	
13. FATHER'S NAME <b>Henry Stock</b>			14. MOTHER'S MAIDEN NAME <b>Don't Know</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mr. George Koch New Haven Mo.</b> Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiovascular renal disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>442X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 **1/3/44** to **10/22/58** and last saw <sup>her</sup>/<sub>him</sub> alive on **10/22/58**  
Death occurred at **3:50** **p.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>B. P. Eisenmann M.D.</b>	22b. ADDRESS <b>New Haven, Mo.</b>	22c. DATE SIGNED <b>10/23/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 24, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peters E. &amp; R</b>	23d. LOCATION (City, town, or county) (State) <b>New Haven Mo.</b>
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24. FUNERAL DIRECTOR <b>L. C. Fertig &amp; Son New Haven Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct. 24-1958</b>	26. REGISTRAR'S SIGNATURE <b>Nottie Murphy</b>
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(Licensed Embalmer's Statement on Reverse Side)

300  
1-56  
0360  
1  
57  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 20

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 *Earl Fertig*.....  
Licensed Embalmer No. *23*

P. O. Address *New Hope*

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.