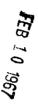
DEPARTMENT OF PUBLIC HEALTH AND WELFARE Registration District No. DO NOT WRITE AMENDED ON THIS STUB FILED JUL 1 1 1966 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before 1. PLACE OF DEATH Missouri county a. COUNTY admission) VS 300 Colle Cole DATE AMENDED Rev. 4/59 Inside Limits b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Centertown, Mo TÖWN Centertown. Mo 50 Yrs TOWN Yes t☑ No 🗌 (If outside, give location) c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET Reside on Farm 0260 Home--Gen Del Yes ∏ No - 🖼 INSTITUTION Yesty No [] Gen Del 20260 Year 3. NAME OF DECEASED Middle Last 4. DATE First OF (Type or print) DEATH Blochberger Iona Rose June 1966 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 8. DATE OF BIRTH 6. COLOR OR RACE 7. Married 🗆 Never Married | 5. SEX Widowed 🚛 Divorced 🗌 8/9/99 FemaleWhite 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done House Wife Own Home California. Mo 14. NAME OF HUSBAND OR WIFE 13a FATHER'S NAME A 7 Lvdia Peters Patrick McKenna Deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of service) UnKnown Mrs Clyde Conard-Centertown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART 1. DEATH WAS CAUSED BY: 10 RECORD IMMEDIATE CAUSE (a) 5 11 EAD Conditions, if any, DUE TO (b) 12 90-0 which gave rise to SZ above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased was disease condition given in PART I (a) there a pregnancy in last 90 days. **AMENDMENTS** □ No ☐ Unknown HOMICIDE 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE PERFORMED? YES NO TY 20c. TIME OF Z Houl Month, Day, Year RIBBON INJURY p.m. USE BLACK INK COUNTY STATE 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY...IOWN, OR LOCATION farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK | *IYPEWRITER* READ 21. I attended the deceased from m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred a SHOULD 22c. DATE SIGNED 22a, SIGNATURE ö 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23b. DATE 23a. BURIAL, CREMATION, AFFIDA ġ. REMOVAL (Specify) Centertown Cemetery Centertown. Mo Burial 24. FUNERAL DIRECTOR ITEM Bowlin Funeral Home-California, Mo

(Licensed Embaimer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	1
StudentSignature of Student Embalmer	Signed Jack & Bowlin
Signature of Student Embanner	Licensed Embalmer No. 4933
	P. O. Address California, No.

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.