

FILED MAY 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16341**

BIRTH NO.		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>2216</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> OR TOWN		c. LENGTH OF STAY (In this place) <u>3 mo.</u>		c. CITY OR TOWN <u>Joplin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2302 Pennsylvania</u>				e. STREET ADDRESS (If rural, give location) <u>1325 E. 4th. 04 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lizzie</u> b. (Middle) <u>Rosie</u> c. (Last) <u>Blinzler</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 8-1954</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>Aug 21, 1877</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indianapolis Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. 10b. KIND OF BUSINESS OR INDUSTRY <u>Home making</u>		13a. FATHER'S NAME <u>Peter Bishoff</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Know</u>		14. NAME OF HUSBAND OR WIFE <u>John Deceased 1948</u>	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kevin Blinzer</u> ADDRESS <u>2130 Harlem Joplin Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cong. Puerperal</u> ANTECEDENT CAUSES <u>Miscellaneous</u> 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. <u>Older arthritis</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>157 X</u>			
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 10</u> , 19 <u>51</u> , to <u>May 8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 8</u> , 19 <u>54</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert B. Blinzer</u> (Degree or title)				23b. ADDRESS <u>Trinity Bldg. Joplin Mo.</u>		23c. DATE SIGNED <u>5-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-11-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-14-54</u>		REGISTRAR'S SIGNATURE <u>W. O. Joplin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. O. Joplin</u>		ADDRESS <u>Joplin Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 24 1954  
Jasper County Health Officer  
County File Number 54-5-2  
Date Filed MAY 24 1954

### 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..... *Leila Thacker*

Licensed Embalmer No. 359

P. O. Address *Springer, Mo.*

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.