

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>351</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirksville</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Johnston Twp</u>		0610	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Laughlin Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8 mi. East Laplata</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ira</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Bloom</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 28, 1886</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Rock Island Co., Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Bloom</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Space</u>		14. NAME OF HUSBAND OR WIFE <u>Virlinda Collins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>George Bloom Laplata 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
		ANTECEDENT CAUSES _____		DUE TO (b) _____		_____	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____		DUE TO (c) _____		_____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				<u>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>Dec 10, 1950</u> , to <u>Dec 15, 1950</u> , that I last saw the deceased alive on <u>Dec 15, 1950</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. T. Rhoads D.O.</u>		(Degree or title)		23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>12-15-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/19, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAPLATA</u>		24d. LOCATION (City, town, or county) (State) <u>LAPLATA Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-18-50</u>		REGISTRAR'S SIGNATURE <u>Hate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo H. ...</u> ADDRESS <u>Hurdland Mo.</u>			

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

DEC 29 1950

JAN 8 1951

Date Received: DEC 27 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-2
Date Filed: DEC 28 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Geoff Eady Jr*

Licensed Embalmer No. *3755*

P. O. Address *Hurdland 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 this body is not embalmed, fact should be so stated above.