

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4624**
Registrar's No. **517**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **517**

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 27yrs | | e. STREET ADDRESS (If rural, give location) 1326 Jefferson | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1 | | | |

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|--|-------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Eva | b. (Middle) Lena | c. (Last) Bloom | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 2 56 |
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|----------------------|-------------------------------|---|------------------------------------|--|------------------------|-----------------------|-----------------------|----------------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 11-28-1895 | 9. AGE (In years last birthday) 61 60 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 MIN. Hours | IF UNDER 1 MIN. Min. |
|----------------------|-------------------------------|---|------------------------------------|--|------------------------|-----------------------|-----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Stockton Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Garett Henry Stroer | 13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Roland | 14. NAME OF HUSBAND OR WIFE Oscar Bloom |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 490-16-7435 | 17. INFORMANT'S SIGNATURE OR NAME Oscar Bloom | ADDRESS 1326 Jefferson Kansas City Mo. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe coronary arteriosclerosis with occlusion of right coronary artery by athromatous plaque | | 4221 |
| | ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) |
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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 **Feb. 2 1956**, to **Feb. 2 1956**, that I last saw the deceased alive on **Feb. 2 1956**, and that death occurred at **1:20 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE B.I. Burns, M.D. | B.I. Burns (Degree or title) | 23b. ADDRESS 24th & Cherry Sts. | 23c. DATE SIGNED 2/2/56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Feb. 4, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Waggoner | 24d. LOCATION (City, town, or county) (State) Eldorado Springs Mo. |
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| DATE REC'D BY LOCAL REG. 2-4-56 | REGISTRAR'S SIGNATURE Neva Marshall | 25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster | ADDRESS Funeral Home Kansas City Mo. |
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 *J. Vigil Herrick*.....

Licensed Embalmer No. *3589*

P. O. Address *A. C. 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.