

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **14398**BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6072** Registrar's No. **168**

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Pendleton</b> ) c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Farmington</b> 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		STREET ADDRESS (If rural, give location) <b>818 S. Washington</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Raymond</b> b. (Middle) <b>S.</b> c. (Last) <b>Bloom</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 29, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 27, 1901</b>
9. AGE (In years last birthday) <b>54</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>2</b>	IF UNDER 11 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Ste Genevieve Co, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Bloom</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Bloom</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>490-24-7480</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anna Bloom</b>		ADDRESS <b>Farmington, Missouri</b>	
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) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic</b> DUE TO (c) <b>heart disease</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes mellitus</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>		4 yrs +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	
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) (Min.)		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 <b>Dec 1954</b> , to <b>April 29, 1956</b> , that I last saw the deceased alive on <b>April 29, 1956</b> and that death occurred at <b>2:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>C. E. Carleton M.D.</b>		23b. ADDRESS <b>Farmington, Mo</b>	
23c. DATE SIGNED <b>4-30-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/2/56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Parkview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Farmington, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>4-30-56</b>		REGISTRAR'S SIGNATURE <b>Cather Rudloff</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Miller Funeral Home</b>		ADDRESS <b>Farmington, Missouri</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 8 1958

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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..... *Beal J. Miller* .....  
Licensed Embalmer No. *375* .....  
P. O. Address *Farming* .....

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.