

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24361

State File No. ....

FILED JUL 31 1956

0592

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 304A Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LIVINGSTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHILLICOTHE</u>		c. CITY OR TOWN <u>BEDFORD</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>7 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>0590</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ANN</u> c. (Last) <u>BLOSS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 10 1956</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>16 MAY 1900</u>		9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (City and State or Foreign Country) <u>SUMNER, MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>WILLIAM D. GREENAWALT</u>		13b. MOTHER'S MAIDEN NAME <u>MAGGIE STOREY</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES BLOSS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JAMES BLOSS: BEDFORD, MISSOURI</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Terminal Bronchial</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Embolus</u>		<u>18 hrs.</u>
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>216x</u>			

19a. DATE OF OPERATION <u>July 5-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ovaria &amp; Cyst - Large - Left Side</u>		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) _____		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 July 1, 1956, to July 10, 1956, that I last saw the deceased alive on July 10, 1956, and that death occurred at 7:05 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>July 11-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-14-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKE SIDE</u>	
24d. LOCATION (City, town, or county) (State) <u>SUMNER, MISSOURI</u>					

DATE REC'D BY LOCAL REG. <u>7/11/56</u>		REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>NORMAN FUNERAL HOME: CHILLICOTHE, MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1710

Mo

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 *E. J. Norman*.....

Licensed Embalmer No. *4036*.....

P. O. Address *Chillicothe, 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.