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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1956

37065
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1205

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital — Length of stay in Ib life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph 0 1 7 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 2703 Mitchell Ave. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROY Middle B. Last BLUM
4. DATE OF DEATH Month Nov. Day 9 Year 1956
5. SEX male
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 14, 1888
9. AGE (In years last birthday) 68 — 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) proprietor
10b. KIND OF BUSINESS OR INDUSTRY Tavern
11. BIRTHPLACE (City and state or country) St. Joseph, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry Blum
14. MOTHER'S MAIDEN NAME Pauline Reitenger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) ———
16. SOCIAL SECURITY NO. 491-24-8582
17. INFORMANT Mrs. Roy Blum — Address 2703 Mitchell, St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gastrointestinal hemorrhage — 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Duodenal ulcer
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hypertensive heart disease 5410
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Oct 31, 1956 to Nov 9, 1956 and last saw ~~him~~ him alive on Nov 9, 1956
Death occurred at 3:55p. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE H. Carbutler (Degree or title) M.D.
22b. ADDRESS 902 Edmond St, City
22c. DATE SIGNED 11/12/56
23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 11/12/1956
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) St. Joseph, Mo. (State)
24. FUNERAL DIRECTOR Yeaton-Bowman St Joseph Mo — ADDRESS
25. DATE RECD. BY LOCAL REG. Nov. 15, 1956
26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William S Spalding

Licensed Embalmer No. 4S

P. O. Address 3195.11 [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.