

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010274

STATE FILE NUMBER

FILED APR 7 1959

Registration District No. 251

Primary Registration District No. 8048

Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Barnard
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital		Length of stay in 1b 1 1/2 das	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PETER Middle BLOOM Last BLOOM			4. DATE OF DEATH Month 3 Day 30 Year 1959
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7 9 1893
9. AGE (In years last birthday) 65		10. FUNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during preceding life, even if retired) Farming		10b. KIND OF BUSINESS OR OCCUPATION Farmer	11. BIRTHPLACE (City and state or country) Barnard, Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Nicholas Bloom	
13b. MOTHER'S MAIDEN NAME Mary Stundon		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address Charles Bloom Barnard, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral arteriosclerosis DUE TO (c) 331X			INTERVAL BETWEEN ONSET AND DEATH 21 days ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5A Month 3 Day 30 Year 1959 a.m. 5A p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
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 3/28/59 to 3/30/59 and last saw him alive on 3/29/59 Death occurred at 3/30/59 5A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) B. B. Byland M.D.	
22b. ADDRESS Maryville MO		22c. DATE SIGNED 3/30/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-1-1959	23c. NAME OF CEMETERY OR CREMATORY St Columba Cemetery
23d. LOCATION (City, town, or county) (State) Conception, Mo		24. FUNERAL DIRECTOR ADDRESS Mr. Stevenson Maryville Mo.	
25. DATE RECD. BY LOCAL REG. 3-31-59		26. REGISTRAR'S SIGNATURE Beas Bolt	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 G M Petcher

Licensed Embalmer No. 3379
P. O. Address Maryville

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.