

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-006319

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 59

AMENDED

FILED MAR 5 1962

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Windsor</b>		c. CITY OR TOWN <b>Sedalia</b>	
Length of stay in lb		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rest Haven Nursing Home</b>		d. STREET ADDRESS <b>Rt. 3, 41st and Kentucky</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>H.</b> Last <b>BLISS</b>	4. DATE OF DEATH Month <b>Feb.</b> Day <b>21,</b> Year <b>1962</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/22/83</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>12</b>	IF UNDER 24 HR Hours <b>12</b> Min. <b>00</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stockman retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Hickoty County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry George Bliss</b>	13b. MOTHER'S MAIDEN NAME <b>Lavina Marsh</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Belle VanCleave Bliss</b>
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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>not obtainable</b>	17. INFORMANT <b>Mrs. Anna Belle Bliss, Route 3 Sedalia, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Terminal Bronchopneumonia</b>		<b>36 hrs</b>
DUE TO (b) <b>Cerebral Vascular Accident</b>		<b>4-5 days</b>
DUE TO (c) <b>Atherosclerotic Disease - Sev. of base</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour <b>7:00</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Month, Day, Year <b>2/2/62</b>
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20d. INJURY OCCURRED WHILE AT WORK <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 <b>Windsor Mo.</b>	COUNTY <b>Windsor</b>	STATE <b>Mo.</b>
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21. I attended the deceased from **2/2/62** to **2/2/62** and last saw <sup>her</sup>him alive on **2-21-62**  
Death occurred at **7:00 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Claude M. Shurles</b> (Degree of title)	22b. ADDRESS <b>Windsor Mo.</b>	22c. DATE SIGNED <b>2-22-62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/24/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>	23d. LOCATION (City, town, or county) <b>Independence, Missouri</b>	(State)
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24. FUNERAL DIRECTOR <b>Maune Ewing</b> ADDRESS <b>Sedalia, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Feb. 26, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>
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(Licensed Embalmer's Statement on Reverse Side)

By MFB

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

MAR 6 1962

**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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.