

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041651

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1318

STATE FILE NUMBER

FILED NOV 27 1962

1. PLACE OF DEATH
 a. COUNTY Buchanan
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in 1b over 50 yrs
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Buchanan
 c. CITY OR TOWN St. Joseph Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1522 1/2 Lafayette St. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
HULDA KATHERYN BLOOM November 22 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8/13/1871 9. AGE (last birthday) 91 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Chillicothe Missouri 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME William Lane 13b. MOTHER'S MAIDEN NAME Adulphia Experience Wright 14. NAME OF HUSBAND OR WIFE Bert. B. Bloom, (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Mr. James L. Bloom Address 2208 So. 16th St. St. Joseph, 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) PULMONARY EDEMA INTERVAL BETWEEN ONSET AND DEATH 2 HOURS
 DUE TO (b) CARDIAC DECOMPENSATION 2 WEEKS
 DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE UNK.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 Yes No Unknown

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 SEPT. 1, 1962 to NOV. 21, 1962 and last saw her alive on NOV. 20, 1962
 Death occurred at 6:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L.H. Pifer, M.D. (Degree or title) 22b. ADDRESS 1702 FANON 22c. DATE SIGNED 11-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11/26/62 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph Missouri

FUNERAL DIRECTOR St. Joseph, Mo. ADDRESS Nov. 24, 1962 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF L.H. Pifer, M.D. MEDICAL CERTIFICATION

VS 300 Rev. 4/59
 15117
 2 5117
 3
 4 1
 5 2
 6
 7 0
 8 2
 9 4200
 10
 11
 12 3-0
 13 1-0

Barnett signed 11/23/62

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 Charles E. Barnett

Licensed Embalmer No. 4677

P. O. Address St. Joseph, 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.