

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-017266

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316

Primary Registration District No. 3057

Registrar's No. 186

STATE FILE NUMBER

FILED MAY 15 1963

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ste Genevieve	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre Mo.		c. CITY OR TOWN Coffman Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		d. STREET ADDRESS (If outside, give location) Ste Genevieve Star Rt. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Etta Middle Mary Last Bloom		4. DATE OF DEATH Month May Day 8 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/15/1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Yount Missouri
13a. FATHER'S NAME William Duvall		13b. MOTHER'S MAIDEN NAME Margaret Mercer	14. NAME OF HUSBAND OR WIFE Sidney Bloom
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.	17. INFORMANT Address Paul Bloom Bloomsdale, 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 DUE TO (b) CEREBRAL ARTERIOSCLEROSIS DUE TO (c) 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). Arteriosclerotic HEART DISEASE			INTERVAL BETWEEN ONSET AND DEATH 6 days
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.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 10-7-57 to 5-8-63 and last saw her alive on 5-7-63 . Death occurred at 9:13 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C.E. Carleton, M.D.		22b. ADDRESS Farmington Mo	
22c. DATE SIGNED 5-10-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 11/1963	
23c. NAME OF CEMETERY OR CREMATORY Whitewater		23d. LOCATION (City, town, or county) (State) Yount, Missouri	
24. FUNERAL DIRECTOR ADDRESS Cozean Farmington Mo.		25. DATE RECD. BY LOCAL REG. May 10, 1963	
		26. REGISTRAR'S SIGNATURE Cather Rudloff	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS-300 Rev. 4/59
1 0941
2 0950
3
4 1
5 2
6
7 0
8 2
9 3-4 X
10
11
12 1-0
13 1-0

MAY 20 1963

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 _____



Licensed Embalmer No. 4084

P. O. Address Farmington 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.