

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049166

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 508

FILED DEC 18 1963

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY St. Francois (Institution)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		c. CITY OR TOWN Bonne Terre	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt # 2		d. STREET ADDRESS (If outside, give location) Rt# 2	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Cecil Aubrey Bloom			4. DATE OF DEATH Dec 10, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jul 26, 1901 = 62
9. AGE (last birthday)		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) Self Employed		10b. KIND OF BUSINESS OR INDUSTRY Novelty Business	
11. BIRTHPLACE (City and state or country) St Francois County, Mo		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME William Bloom		13b. MOTHER'S MAIDEN NAME Katherin	
14. NAME OF HUSBAND OR WIFE Genevieve Glaskey 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 Roy Bloom, Rt# 2, Bonne Terre, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary emphysema			INTERVAL BETWEEN ONSET AND DEATH 6 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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 vascular disease			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"/>		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.		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 Nov. 1937 to Dec. 1963 and last saw him alive on Dec. 9, 1963 Death occurred at 8:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Marvin J. Haw, Jr. M.D.		22b. ADDRESS Bonne Terre, Mo.	
22c. DATE SIGNED 12/11/63			
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 12, 1963	
23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery		23d. LOCATION (City, town, or county) (State) Farmington, Mo.	
24. FUNERAL DIRECTOR C. Z. Boyer & Son, Inc. Bonne Terre, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 11, 1963	
26. REGISTRAR'S SIGNATURE Ethel Rudloff			

DO NOT WRITE ON THIS STUB	AMENDED								
VS 300 Rev. 4/59	DATE AMENDED								
10940									
20940									
3									
4 0									
5 1									
6									
7 0									
8 2									
5271									
10									
11									
12 90-0									
13 1-0									
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF								
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ								
BY AFFIDAVIT OF	MEDICAL CERTIFICATION								

(Licensed Embalmer's Statement on Reverse Side)

10-1-1938

RECEIVED

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 Quentin T. Boyer

Licensed Embalmer No. 5117

P. O. Address Bonne Terre, 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.