

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5263 State File No. 8017

0220

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5208 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Linden</u>) c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Linden</u> <u>0220</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Requisville, R.P. Mo.</u>	
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>—</u> c. (Last) <u>Bloomer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 4 - 1950</u>	
5. SEX <u>Male</u> COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 19 - 1881</u>	9. AGE (In years) (Month) (Day) (Hours) (Min.) <u>68 yrs</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Christian, Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>N. Bloomer</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Roller</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Martha Bloomer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Martha Bloomer Requisville Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>stroke 3 yrs previously</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>was dead when I arrived</u> , to <u>19</u> , that I last saw the deceased alive on <u>No</u> , 19, and that death occurred at <u>4:02 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>P.H. Hudson M.D.</u>		23b. ADDRESS <u>Ozark Mo.</u>	23c. DATE SIGNED <u>3-4-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>March 6 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roller Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Christian County Mo</u>
DATE REC'D BY LOCAL REG. <u>Mar 29-50</u>	REGISTRAR'S SIGNATURE <u>Lillie Barr</u> 58	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chaffin Ozark, Mo.</u>	

RECEIVED MAR 31 1950
District Health Office No. 6,
District File Number 350-384
Date Filed 3-31-50

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed T. B. Chaffin

Signed.....
Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Clark T. 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 this body is not embalmed, fact should be so stated above.