

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

41776

State File No.

S. No. 300

V. 10.48

FILED JAN 8 1953

BIRTH NO. REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 5235 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Warr</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jewett, Mo</u>	c. LENGTH OF STAY (in this place) <u>60 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, S. Benton</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0200</u>	

3. NAME OF DECEASED (Type or Print) <u>MARY - MARTHA - BLOOMBURG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 4 - 1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-1-1878</u>	9. AGE (in years last birthday) <u>74</u>	10. IF UNDER 1 YEAR Months <u>9</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Douglas Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>JAMES - COBB</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA - SANDERS</u>	14. NAME OF HUSBAND OR WIFE <u>CHAS - BLOOMBURG</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Rose Linder, Jewett 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>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure with Edema of Lung</u> DUE TO (c) <u>Lung</u>
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 <u>4341</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Nov 20, 1952, **to** Dec 4, 1952, **that I last saw the deceased alive on** 12-4, 1952, **and that death occurred at** 10: P. m., **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) <u>SB Bannister, MD</u>	23b. ADDRESS <u>Jewett Mo</u>	23c. DATE SIGNED <u>12-5-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>Dec 28 1952</u>	REGISTRAR'S SIGNATURE <u>Norma Timmerman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Long, Jewett Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0200

04

JAN 8 1939

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3714

P. O. Address Jervis Ave. The

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.