

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24088

State File No.

Registrar's No. 8

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6019

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>North Dakota</u> b. COUNTY <u>Traill</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Orrick Twp.</u>		c. CITY OR TOWN <u>Hunter</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 hour</u>		e. STREET ADDRESS (If rural, give location) <u>8330</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles SW. Orrick, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RAY</u>	b. (Middle) <u>LEWIS</u>	c. (Last) <u>BLOOM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>3-6-1936</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>8</u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Hunter, North Dakota</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Loyd J. Bloom</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Moen</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert Stockton, Orrick, Mo.</u>	ADDRESS <u>Orrick, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9-298</u> <u>42</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident S.W. Orrick</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Orrick</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Ray</u> (STATE) <u>Mo</u>
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21d. TIME OF INJURY <u>7-14-54 2 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Was swimming</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: <u>Dr. J. T. Baber, Crown</u>	(Degree or title)	23b. ADDRESS <u>Richmond Mo</u>	23c. DATE SIGNED <u>7-14-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-14-1954</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Hunter, N. Dakota</u>
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DATE REC'D BY LOCAL REG. <u>7-14-54</u>	REGISTRAR'S SIGNATURE <u>Nelen J. Larkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u>	ADDRESS <u>Richmond - Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0890
3

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 *Thomas J. Carter*.....

Licensed Embalmer No. *447*

P. O. Address *Richmond*

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.