

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5330

FILED FEB 29 1956

State File No.

BIRTH NO. 7288-56 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Lasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Delaware</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grove</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>358</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns</u>			

3. NAME OF DECEASED a. (First) <u>Terry</u> b. (Middle) <u>Lee</u> c. (Last) <u>Blum</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-12-56</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb 12-1956</u>	9. AGE (in years last birthday)	10. UNDER 1 YEAR Months <u>0</u> Days <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Joplin, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>McE Blum</u>		13b. MOTHER'S MAIDEN NAME <u>Louis May</u>		14. NAME OF HUSBAND OR WIFE <u>McE Blum</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>McE Blum</u>	
				ADDRESS <u>Grove</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>Multiple congenital anomalies incompatible with life</u>		INTERVAL BETWEEN ONSET AND DEATH	
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>7593</u> <u>Mo</u> <u>DE</u>	
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 2-12 1956, to 2-12 1956, that I last saw the deceased alive on 2-12 1956, and that death occurred at 4:35 p.m., from the causes and on the date stated above.

22a. SIGNATURE <u>Delia M. Eliscu</u>		(Degree or title) <u>MO</u>		23b. ADDRESS <u>2002 Jackson, Joplin</u>		23c. DATE SIGNED <u>2-13-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/14-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shoremore</u>		24d. LOCATION (City, town, or county) (State) <u>Shoremore Mo</u>	
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DATE REC'D BY LOCAL REG. <u>2-24-56</u>		REGISTRAR'S SIGNATURE <u>Dove Morrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Wesley</u>		ADDRESS <u>Grove, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 28 1955
Jasper County Health Office
County File Number 56-2-186
Date Filed FEB 28 1955

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.....
Student Embalmer.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.