

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8475

State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural GASHLAND IN TW NS.)	c. LENGTH OF STAY (In this place) 12 yrs.	c. CITY OR TOWN Gashland	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) Home		e. STREET ADDRESS (If rural, give location) 2 Miles North of Gashland	

3. NAME OF DECEASED (Type or Print) a. (First) Elmer	b. (Middle) R.	c. (Last) Bloesser	4. DATE OF DEATH (Month) (Day) (Year) March 17, 1956
--	-----------------------	---------------------------	--

5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 10, 1909	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR: Months 1 Days 7	IF UNDER 14 HRS. Hours 7 Min.
------------------	----------------------------	---	---------------------------------------	---	--	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION WORK	10b. KIND OF BUSINESS OR INDUSTRY PIPE FITTERS	11. BIRTHPLACE (City and State or Foreign Country) MAPLETON, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	--

13a. FATHER'S NAME CHARLES BLOESSER	13b. MOTHER'S MAIDEN NAME MAUDE CRADY	14. NAME OF HUSBAND OR WIFE LUCILE MAY MILLER BLOESSER
--	--	---

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. 487-10-3809	17. INFORMANT'S SIGNATURE OR NAME MRS. ELMER R. BLOESSER	ADDRESS GASHLAND, MO. R.F.D.
--	--	---	-------------------------------------

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) Crushed Chest		INTERVAL BETWEEN ONSET AND DEATH 1 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tractor turned over pinning to ground underneath seat.			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			9121

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm, Rt 1	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Gashland Clay MO
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 17 56 12 PM	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? while moving dirt with tractor, turned over on him.
--	---	---

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.

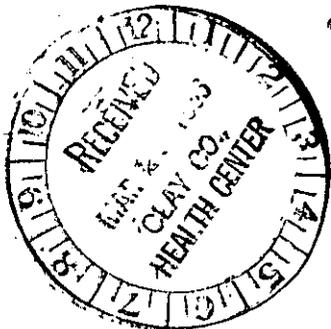
23a. SIGNATURE D. S. Pate and Brewer (Degree or title)	23b. ADDRESS North Kansas City, Mo.	23c. DATE SIGNED 3/19/56
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Mar. 20, '56	24c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL MEM. GARDS.	24d. LOCATION (City, town, or county) (State) CLAY COUNTY MO.
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. 3-20-56	REGISTRAR'S SIGNATURE Marquerite Ludens	25. FUNERAL DIRECTOR'S SIGNATURE McCORMAS FUNERAL HOME, SMITHVILLE, MO.	ADDRESS
---	--	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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



APR 3 1956

MAR 5 1956

MAR 20 1956

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 *Donald W. Hanks*

Licensed Embalmer No. *H.S. 2*

P. O. Address *Smithville,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.