

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24432

State File No. ....

FILED AUG 8 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4321 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b>	
b. CITY OR TOWN <b>Mercer</b>	c. LENGTH OF STAY (in this place) <b>19 yrs.</b>	c. CITY OR TOWN <b>Mercer</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Own Home</b>		STREET ADDRESS (If rural, give location) <b>0650</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bessie</b>		b. (Middle) <b>Josephine</b>		c. (Last) <b>Bloom</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 13, 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 26, 1886</b>	9. AGE (in years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Not Known</b>	13b. MOTHER'S MAIDEN NAME <b>Sylvania Sighs</b>	14. NAME OF HUSBAND OR WIFE <b>Gile Bloom</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Gile Bloom</b>	ADDRESS <b>Mercer Mo.</b>
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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) <b>Medullary Paralysis</b>		<b>minutes</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b> DUE TO (c) <b>Hypertensive Cardiovascular Disease</b>		<b>2 wks</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Arteriosclerosis</b>	

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from April, 1946, to July 13, 1956, that I last saw the deceased alive on July 13, 1956, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Geo. J. Haveson</b> (Degree or title) <b>2</b>	23b. ADDRESS <b>Mercer Mo</b>	23c. DATE SIGNED <b>July 3-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 15, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Early Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mercer Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-4-56</b>	REGISTRAR'S SIGNATURE <b>Geo. J. Haveson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lineville Iowa.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0650

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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, ~~only~~ ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James L. Gravelle*.....

Licensed Embalmer No. *396*.....

P. O. Address *Linville*.....

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.