

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

14099

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 4370 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Page	
b. CITY OR TOWN Clearmont	c. LENGTH OF STAY (in this place) 3 yr	c. CITY OR TOWN Northboro	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallen Rest Home		STREET ADDRESS (If rural, give location) 4 Mi S W Northboro 81408	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) E c. (Last) Bloom	4. DATE OF DEATH (Month) (Day) (Year) April-17-1957					
5. SEX Female	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June-27-1865	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY? U S		

13a. FATHER'S NAME John Korebeck	13b. MOTHER'S MAIDEN NAME Eliza Bennett	14. NAME OF HUSBAND OR WIFE George Bloom
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Roy Bloom ADDRESS Northboro, Iowa
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebro-vascular occlusion due to thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis and Congestive Failure		years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 332x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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 Oct 23, 1954 to April 17, 1957, that I last saw the deceased alive on April 6, 1957, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE Harriet Ford M.D. (Name or title)	23b. ADDRESS Westboro, Mo	23c. DATE SIGNED Ap 27-57
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	24b. DATE 4-20-57	24c. NAME OF CEMETERY OR CREMATORY Union Grove
24d. LOCATION (City, town, or county) (State) Northboro, Iowa		

DATE REC'D BY LOCAL REG. 4-27-57	REGISTRAR'S SIGNATURE Bess / Volt -	25. FUNERAL DIRECTOR'S SIGNATURE Westboro, Mo ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

227

1961 6 8 700

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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, or by **Ashley R Tucker**....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ashley R Tucker*
Licensed Embalmer No. **4757**

P. O. Address **Westboro, Mo**

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.