

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32880**

FILED SEP 16 1957

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **381**

1. PLACE OF DEATH a. COUNTY Pattis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pattis	
b. CITY OR TOWN Sedalia		c. CITY OR TOWN Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		e. STREET ADDRESS (If rural, give location) 616 West 5th	
3. NAME OF DECEASED a. (First) Leo b. (Middle) C. c. (Last) Bloss		4. DATE OF DEATH (Month) (Day) (Year) Sept 12 1957	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb 15 1868	
9. AGE (In years last birthday) 89		10. UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) Tipton Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Otto Bloss		13b. MOTHER'S MAIDEN NAME Anna Goetz	
14. NAME OF HUSBAND OR WIFE Stella Bloss		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 496-16-3720		17. INFORMANT'S SIGNATURE OR NAME Herbman Bloss ADDRESS Sedalia	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia. Of two days duration. INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) Cardio Vascular Disease. Over 2yrs. DUE TO (c) Arterio- Sclerosis. Over 2 years. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility. Over 5 years.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None. Medical care only.	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.	
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) None.		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 over 25 yrs , to 9-12-57 , 19____, that I last saw the deceased alive on 9-11-57 , 19____ and that death occurred at 6:45 AM on the causes and on the date stated above.	
23a. SIGNATURE Jno. B. Carlisle, M.D. (Degree or title)		23b. ADDRESS Sedalia, Missouri.	
23c. DATE SIGNED 9-13-57		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 9-13-57		24c. NAME OF CEMETERY OR CREMATORY Crown Hill	
24d. LOCATION (City, town, or county) (State) Sedalia Mo		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros ADDRESS Sedalia	
DATE REC'D BY LOCAL REG. 9-13-57		REGISTRAR'S SIGNATURE Francis Shelby	

(Licensed Embalmer's Statement on Reverse Side)

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

41-0

APR 11 1958

MAY 13 1958

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.....
K.P. J. Lary

Licensed Embalmer No. 3153

P. O. Address Sedalia

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.