

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35676

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4533

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>V.A. Hospital</u>		Length of stay in lb <u>72 yrs</u>	
3. NAME OF DECEASED (Type or print) First <u>OSCAR</u> Middle <u>L.</u> Last <u>BLOOM</u>		4. DATE OF DEATH Month <u>9th</u> Day <u>30th</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-16-85</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>	11. BIRTHPLACE (City and state or country) <u>K.C., Mo</u>
13a. FATHER'S NAME <u>Charles Bloom</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Olson</u>	14. NAME OF HUSBAND OR WIFE <u>Eva L. Bloom (Deceased)</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>495-05-4350</u>	17. INFORMANT Address <u>V.A. Hospital Records, K.C., Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia, RML, RUL, RLL, & LLL</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>Anaplastic bronchogenic carcinoma, RLL</u>			INTERVAL BETWEEN ONSET AND DEATH <u>162X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? (YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>August 24, 1957</u> to <u>September 30, 1957</u> Death occurred at <u>12:35</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. A. Turner, M.D.</u>		22b. ADDRESS <u>MD V.A. Hospital, Kansas City, Mo</u>	22c. DATE SIGNED <u>10-1-57</u>
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 2, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Waggoner Cemetery</u>	23d. LOCATION (Specify county) (State) <u>Eldorado, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Muehlebach Funer al Home 6800 Troost</u>		25. DATE RECD. BY LOCAL REG. <u>10-1-57</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>



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 *R. E. Nichols*

Licensed Embalmer No. *4997* P. O. Address *6800 Troad R. E. Nichols*

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.