

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016995

STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cambridge Township
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 306 N. Main		Length of stay in 1b 1 hour	d. STREET ADDRESS (If outside, give location) 7 Miles N. Slater, Mo.
3. NAME OF DECEASED (Type or print) First Florence Middle Teresa Last Blum		4. DATE OF DEATH Month April Day 17 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 21, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 73
11. BIRTHPLACE (City and state or country) Frankfort, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Julius Heinzler		13b. MOTHER'S MAIDEN NAME Meagdtelina Howorker	14. NAME OF HUSBAND OR WIFE R. W. Bloom
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Carlin Van Booven, Slater, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 16 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio sclerosis			
DUE TO (c) hypertension			
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 type="checkbox"/> NO <input checked="" 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 June 58 to April 17 58 and last saw her ^{him} alive on April 17 58 Death occurred at 945 Ave on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. J. Haines, Jr. M.D.		22b. ADDRESS Slater Mo	22c. DATE SIGNED Apr 19 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/19/1958	23c. NAME OF CEMETERY OR CREMATORY Slater	23d. LOCATION (City, town, or county) (State) Slater, Missouri
24. FUNERAL DIRECTOR W. J. Haines, Jr., Slater, Mo.		25. DATE RECD. BY LOCAL REG. 4/19/58	26. REGISTRAR'S SIGNATURE Mrs. Carl C. Metz

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Walter J. Haines, J

Licensed Embalmer No. 4557

P. O. Address Slater, ?

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.