Health, Welfare Public Service
90
300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001789
STATE FILE NUMBER

FILED JAN 21 1959 Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) MINERAL Twsp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Elmhurst — Length of stay in Hospital 2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Webb City 0492 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 15 S. Roane St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Florence Middle: V. Last: Bloom
4. DATE OF DEATH Month Jan. Day 16 Year 1959
5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH 1-10-1873
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
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 country) Galveston, Texas 1
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Levi H. Ezzell
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE
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.
17. INFORMANT Mrs. Hugh Spencer Address 606 W. Daugherty Webb City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease. — INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ~~Cancer~~
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Decubitus ulcers - 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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 1-14-59, to 1-16-59 and last saw her/him alive on 1-4-59.
Death occurred at 11:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE R. M. Ferguson (Degree or title) M.D.
22b. ADDRESS Webb City, Mo.
22c. DATE SIGNED 1-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-19-59
23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Cem.
23d. LOCATION (City, town, or county) (State) Joplin, Mo.
24. FUNERAL DIRECTOR Johnston-Arnce-Simpson ADDRESS Webb City, Mo.
25. DATE RECD. BY LOCAL REG. 1-17-59
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be accepted.
All diseases in Part I must be causally related.
R. M. Ferguson M.D.

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.