

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006789

FILED 15 FEB 24 1960

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper											
b. CITY (If outside corporate limits, give TOWNSHIP only) Carthage		Length of stay in 1b 40 yrs		c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1001 W. Chestnut st		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First EMMA Middle BLOOM Last MERS				4. DATE OF DEATH Month Feb Day 19 Year 1960											
5. SEX female		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-2-1894		9. AGE (last birthday) 66		IF UNDER 1 YEAR Months Days 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 domestic		11. BIRTHPLACE (City and state or country) Jasper County, Mo		12. CITIZEN OF WHAT COUNTRY USA								
13a. FATHER'S NAME Peter Bloom			13b. MOTHER'S MAIDEN NAME Caroline Setterberg			14. NAME OF HUSBAND OR WIFE William F. Mers									
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 Carthage, Mo Hugh Mers, 1813 Baker Blvd										
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 DUE TO (b) MI DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH Unknown					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Patient had Nucleus Arteriosus								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
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 _____ a.m. _____ p.m. Month, Day, Year _____		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 2-16-60 to 2-19-60 and last saw ^{her} him alive on 2-19-60 . Death occurred at 1:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.				22b. ADDRESS 304 Grant, Carthage, Mo				22c. DATE SIGNED 2-20-60							
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2-22-60		23c. NAME OF CEMETERY OR CREMATORY Park Cemetery				23d. LOCATION (City, town, or county) (State) Carthage, Mo							
24. FUNERAL DIRECTOR KNELL MORTUARY ADDRESS Carthage, Mo				25. DATE RECD. BY LOCAL REG. 2-20-60				26. REGISTRAR'S SIGNATURE <i>[Signature]</i>							

DOCUMENT

W.T. Mc NEV MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Robert H. Knell

Licensed Embalmer No. 4459

P.O. Address Carthage, 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.