

FILED VS APR 14 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60-011829

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 26

V. S. 300
Rev. 1-57

650

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 Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Mercer			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Mercer 06502	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtel Hospital /				Length of stay in lb 7 Days		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ruby Middle Opal Last Bloom				4. DATE OF DEATH Month March Day 27 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 Oct. 8, 1895	
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Richard Barber				13b. MOTHER'S MAIDEN NAME Clara Carpenter			
14. NAME OF HUSBAND OR WIFE Virgil 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 Virgil Bloom Address Mercer, 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) Acute Coronary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Myocardial Infarction DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes, Nephritis						INTERVAL BETWEEN ONSET AND DEATH 1mm.	
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>				20d. INJURY OCCURRED WHILE AT <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 Princeton, Mo.			
20g. COUNTY Mercer				20h. STATE Mo.			
21. I attended the deceased from 3-20-60 to 3-27-60 and last saw her alive on 3-27-60 Death occurred at 8:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Douglas L. Pearce, M.D. (Degree or title)				22b. ADDRESS Princeton, Mo.			
22c. DATE SIGNED 4-5-60				22d. SIGNATURE Paul Marx			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 30, 1960		23c. NAME OF CEMETERY OR CREMATORY High Point Cemetery		23d. LOCATION (City, town, or country) (State) Decatur County Iowa.	
24. FUNERAL DIRECTOR Paul Marx				ADDRESS Lineville Iowa		25. DATE RECD. BY LOCAL REG. 4-5-60	
26. REGISTRAR'S SIGNATURE Paul Marx							

(Licensed Embalmer's Statement on Reverse Side)

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

James L. Sumner

Licensed Embalmer No. *3967*

P. O. Address *Lincolnton, N.C.*

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.