

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JUL 18 1960

=60-025701

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Mexico	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hospital		d. STREET ADDRESS (If outside, give location) RFD #6	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First GEORGIA Middle ARNOLD Last BLUM			4. DATE OF DEATH Month July Day 11 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 12-10-92	9. AGE (last birthday) 67	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		11. BIRTHPLACE (City and state or country) Audrain Co., Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William R. Eubanks		13b. MOTHER'S MAIDEN NAME Mary Eudora Creamer	
14. NAME OF HUSBAND OR WIFE Charles H. Blum		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>no</u> or unknown) (If yes, give WOL or dates of service)			
16. SOCIAL SECURITY NO. 495-30-3650		17. INFORMANT Address Mr. C. E. Blum RFD #6, Mexico, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Shock			3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) gunshot wound of abdomen	3 hrs.	
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Patent shot off in .38 S&W shot gun		
20c. TIME OF INJURY 7:30 p.m.	Month, Day, Year 7-11-60			
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.) home	20f. CITY, TOWN, OR LOCATION COUNTY STATE Mexico Audrain Mo.		

21. I attended the deceased from July 28, 1956 to 7-11-60 and last saw her alive on 7-11-60
 Death occurred at 100 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William J. Neely		22b. ADDRESS 112N Clark, Mexico, Mo		22c. DATE SIGNED 7-12-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-13-60	23c. NAME OF CEMETERY OR CREMATORY East Lawn Mem. Park	23d. LOCATION (City, town, or county) (State) Mexico, Missouri	

24. FUNERAL DIRECTOR Arnold Funeral Home	51 ADDRESS Wash Mexico, Missouri	25. DATE RECD. BY LOCAL REG. July 12-1960	26. REGISTRAR'S SIGNATURE Blanche Neely
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DOCUMENT

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Leah Whitak

Licensed Embalmer No. 478

P. O. Address Mexico

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.