

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-044922

FILED VS NOV 23 1960

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 229

1. PLACE OF DEATH a. COUNTY <u>VERDON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WASHINGTON TOWNSHIP</u>		Length of stay in 1b <u>4 YRS. 2M-1 DAY</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STATE HOSP. #3 NEVADA, MO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7100 COLLEGE</u>

3. NAME OF DECEASED (Type or print) First <u>EMMA</u> Middle <u>MAURINE</u> Last <u>BLOSSER</u>			4. DATE OF DEATH Month <u>NOV.</u> Day <u>13.</u> Year <u>1960</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 9. 1905</u>	9. AGE (last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 24 HR Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>MALTA BELL, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>ELBERT HILL</u>	13b. MOTHER'S MAIDEN NAME <u>NETTIE M. DENNIE</u>	14. NAME OF HUSBAND OR WIFE <u>CLAUDE C. BLOSSER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>495-01-0666</u>	17. INFORMANT <u>HOSP. RECORDS STATE HOSP. NEVADA MO</u>
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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 <u>3 WEEKS</u>
IMMEDIATE CAUSE (a) <u>BRONCHOPNEUMONIA</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>-</u>	
	DUE TO (c) <u>-</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PRESENILE BRAIN DISEASE YEARS</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <u>-</u> a.m. <u>-</u> p.m. <u>-</u>	Month, Day, Year
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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 <u>ST. HOSP. NEVADA MO</u>	COUNTY	STATE
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21. I attended the deceased from SEPT. 12. 1956 to NOV. 13. 1960 and last saw her/him alive on NOV. 13. 1960
Death occurred 10:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>George Esker M.D.</u> (Degree or title)	22b. ADDRESS <u>ST. HOSP. NEVADA MO</u>	22c. DATE SIGNED <u>11-13-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11-14-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Local Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Marshall Missouri</u>
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24. FUNERAL DIRECTOR <u>Hays Funeral Service, Inc</u> <u>Nevada, Missouri</u> (Licensed Embalmer's Statement on Reverse Side)	25. DATE RECD. BY LOCAL REG. <u>11-15-1960</u>	26. REGISTRAR'S SIGNATURE <u>(Signature)</u>
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BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

DEC 2 1960

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 Richard L. Griffin

Licensed Embalmer No. 5953

P. O. Address St. Louis, 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.