

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030478

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. --- Registrar's No. 354

FILED SEP 12 1961

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in lb 9 days	c. CITY OR TOWN Flat River Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 406 Glendale Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WALTER Middle PETER Last BLOOM			4. DATE OF DEATH Month August Day 26 Year 1961		
5. SEX Male	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 Jan. 1, 1878	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 7 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner for St. Joseph Lead Company		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ste. Genevieve Co., Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Ed Bloom		13b. MOTHER'S MAIDEN NAME Julia Grifford		14. NAME OF HUSBAND OR WIFE Sarah Edwards	

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. Unknown	17. INFORMANT Records, State Hospital No. 4, Farmington, Mo.
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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
IMMEDIATE CAUSE (a) Inanition		Abt. 10 das.
DUE TO (b) Psychosis		Abt. 2 mos.
DUE TO (c) Cerebral arteriosclerosis		Abt. 10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chronic brain syndrome associated with cerebral arteriosclerosis with psychotic reaction.

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No 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 **August 17, 1961** to **August 26, 1961** and last saw him alive on **August 26, 1961**
Death occurred at **4:40 P. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John A. Brennan, M.D.	22b. ADDRESS State Hospital No. 4 Farmington, Missouri	22c. DATE SIGNED 8-27-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-29-61	23c. NAME OF CEMETERY OR CREMATORY Hillview Memorial Gardens	23d. LOCATION (City, town, or county) (State) Farmington, Missouri.
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24. FUNERAL DIRECTOR Raymond Caldwell & Sons Funeral Service	ADDRESS Flat River, Mo.	25. DATE RECD. BY LOCAL REG. Aug 27, 1961	26. REGISTRAR'S SIGNATURE Ether Redloff
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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. 636

working under my personal supervision.

Student David P. Caldwell
Signature of Student Embalmer

Signed R. Caldwell

Licensed Embalmer No. 2531

P.O. Address Flat River

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.