

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH No. 25 -62-019901

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JUN 5 1962

Primary Registration District No.

Registrar's No.

85

VS 300
Rev. 4/59

10860
282102

3

4 1

5 0

6

7 1

8 1

9 861X

10 39

11 096

12 91-3

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH

a. COUNTY Putnam

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN Rural---Union Twp.

Length of stay in 1b

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION Unionville, Missouri

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Michigan

b. COUNTY

c. CITY OR TOWN Traverse City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Hobby Highway

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Marilyn

Irene

Bloomquist

4. DATE OF DEATH

Month May

Day 22

Year 1962

5. SEX
F

6. COLOR OR RACE
W

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
6/6/37

9. AGE (last birthday)
24

IF UNDER 1 YEAR
Months 11 Days 15 Hours 15 Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Airline Stewardess

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Detroit, Michigan

12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Harold F. Bloomquist

13b. MOTHER'S MAIDEN NAME

Selma Anderson

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no no

16. SOCIAL SECURITY NO.
384-34-5898

17. INFORMANT
Harold Bloomquist, Traverse City, Mich.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple injuries

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

from plane crash

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Crash of Flight 111 Stewardess

20c. TIME OF INJURY
Hour 9:45 pm
Month, Day, Year 5/22/62

20d. INJURY OCCURRED WHILE AT WORK ☒
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
on farm

20f. CITY, TOWN, OR LOCATION
Union Twp.

COUNTY Putnam

STATE Missouri

21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.

Death occurred at 9:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Unionville, Missouri

22c. DATE SIGNED

5/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Lakeside Cemetery

23d. LOCATION (City, town, or county)

Muskegon, Michigan

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

FEB 7 1963

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 Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address Kershawville Me

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.