

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032175

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 360

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6941

8945

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Bonne Terre Mo. Length of stay in 1b		c. CITY OR TOWN Farmington Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 603 Krei Blvd. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Edward P Bloom			4. DATE OF DEATH Month Day Year Aug. 18 1962
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 2/5/81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 81
11. BIRTHPLACE (City and state or country) Ste Genevieve Co. Mo. U S A		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Benjamin Bloom		13b. MOTHER'S MAIDEN NAME Mary Smith	14. NAME OF HUSBAND OR WIFE Etta Wampler 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.	17. INFORMANT Address Mrs. Etta Bloom Farmington 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) Cerebral Hemorrhage DUE TO (b) Cerebral Arteriosclerosis 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 type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 6 days
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 <u>Aug 17, 1962</u> to <u>Aug 18, 1962</u> and last saw ^{her} him alive on <u>Aug 18, 1962</u> Death occurred at <u>6:30 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. A. Huckstep M.D.		22b. ADDRESS Farmington, Mo.	22c. DATE SIGNED 8-20-62
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/20/62	23c. NAME OF CEMETERY OR CREMATORY Chestnut Ridge	23d. LOCATION (City, town, or county) (State) Near Farmington Missouri
24. FUNERAL DIRECTOR ADDRESS C, H, COZEAN FARMINGTON MO.		25. DATE RECD. BY LOCAL REG. Aug. 20, 1962	26. REGISTRAR'S SIGNATURE Etter Rudloff

AUG 29 1962

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 _____

C. Hogan
4084

Licensed Embalmer No. _____

P. O. Address _____

Farrington 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.