

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037276

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 319 Primary Registration District No. \_\_\_\_\_ Registrar's No. 45

**FILED SEP 24 1962**

VS 300  
Rev. 4/59

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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 <b>STE GENEVIEVE</b>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STE GENEVIEVE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SALINE</b>		Length of stay in 1b	c. CITY OR TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>NEAR COFFMAN</b>
3. NAME OF DECEASED (Type or print) <b>Lena Leotta Bloom</b>		4. DATE OF DEATH Month <b>Sept</b> Day <b>16</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-3-1915</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		11. BIRTHPLACE (City and state or country) <b>AVON (STE GENEVIEVE COUNTY U S</b>	9. AGE (last birthday) <b>47</b>
13a. FATHER'S NAME <b>JOHN ADAMS</b>		14. NAME OF HUSBAND OR WIFE <b>TED BLOOM</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute MYOCARDIAL INFARCTION</b>		17. INFORMANT <b>TED BLOOM, COFFMAN, MISSOURI</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		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 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>9-16-62</u> to <u>9-16-62</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>9-16-62</u> Death occurred at <u>12:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>G. H. Cozean MD</i>		22b. ADDRESS <i>Ste Genevieve, Mo</i>	
22c. DATE SIGNED <b>9-17-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>9-19-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WHITEWATER</b>	23d. LOCATION (City, town, or county) (State) <b>NEAR COFFMAN MO</b>
24. FUNERAL DIRECTOR ADDRESS <b>C H COZEAN FARMINGTON MISSOURI</b>		25. DATE RECD. BY LOCAL REG. <b>September 1962</b>	
		26. REGISTRAR'S SIGNATURE <i>George F. Wood</i>	

