MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045854

STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. _____

FILED DEC 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	0080
2	0080 2
3	
4	1
5	2
6	
7	0
8	0
9	332X
10	
11	
12	90-0
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Warsaw — Length of stay in 1b: 3 months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Benton
c. CITY OR TOWN: Warsaw — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ALMIRA Middle Last BLOSSOM

4. DATE OF DEATH: Month Dec Day 20 Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Nov 8 1872
9. AGE (last birthday): 90 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Warsaw Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James H Schouten
13b. MOTHER'S MAIDEN NAME: Electa Buell
14. NAME OF HUSBAND OR WIFE: Frank Blossom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Nellie Miller Address: Warsaw 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 infarction, recurrent — INTERVAL BETWEEN ONSET AND DEATH: 17 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): 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): Hypertension; chronic nephritis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

MEDICAL CERTIFICATION

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.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-10-62, to 12/20/62 and last saw her ~~him~~ alive on 12-18-62
Death occurred at 7:30 ~~[illegible]~~ P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] M.D.
22b. ADDRESS: Warsaw, Mo.
22c. DATE SIGNED: 12/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 22 1962
23c. NAME OF CEMETERY OR CREMATORY: Grant Cemetery
23d. LOCATION (City, town, or county): Creighton (State) Mo.

24. FUNERAL DIRECTOR: Runnenburgers ADDRESS: Harrisonville Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 21-1962
26. REGISTRAR'S SIGNATURE: Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest B. Zimmerburger.

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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: