

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3952**
Registrar's No. **1**

Registration District No. **718**

Primary Registration District No. **6430**

1. PLACE OF DEATH:

(a) County **PUTNAM**
(b) City or town **UNIONVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether
In this community **612 = TIME**
years, months or days)

3. (a) PRINT FULL NAME **ISAAC NEWTON LOUGHEAD**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **REBECCA LOUGHEAD** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **MARCH 26 1862**
(Month) (Day) (Year)

8. AGE: Years **78** Months **9** Days **8** If less than one day hr. min.

9. Birthplace **NEAR WEST LIBERTY, MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **Retired, 10 years**

MOTHER FATHER { 12. Name **JOSEPH LOUGHEAD**
13. Birthplace **FRONT ROYAL, WEST VIRGINIA**
(City, town, or county) (State or foreign country)
14. Maiden name **SUSAN HUNSACKER**
15. Birthplace **ILLINOIS**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rebecca Ann Loughead**

(b) Address **UNIONVILLE MISSOURI**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **JAN. 7 1941**
(Month) (Day) (Year)

(c) Place: burial or cremation **WEST LIBERTY**

18. (a) Signature of funeral director **W. W. Gillman**
(b) Address **UNIONVILLE MISSOURI**

19. (a) **JAN 7-41** (Date received local registrar) (b) **W. W. Gillman** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **PUTNAM** 86
(c) City or town **R.F.D. UNIONVILLE MO**
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JANUARY** day **4**
year **1941** hour **10:1** minute **P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to _____

Due to **62 W**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **615**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **W. W. Gillman** (M. D. or other) **Dr.**

Address **Unionville, Mo** Date signed **Jan 7 41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

86
0
0

RECEIVED

District Health Officer No. 10

District File Number 2-41-253

Date Filed FEB 8 1941

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed J. M. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville 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 this body is not embalmed, above space should be left blank.