

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27347

FILED AUG 21 1949

State File No.

BIRTH NO. 50287-49 REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 234

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>		d. STREET ADDRESS (If rural, give location) <u>223 W. Walker St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 23, 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Micheal</u>	b. (Middle) <u>Wayne</u>	c. (Last) <u>Loethen</u>	5. SEX <u>male</u>
6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>July 21, 1949</u>	9. AGE (In years last birthday) Months Days <u>0 0 2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Wayne D. Loethen</u>	13b. MOTHER'S MAIDEN NAME <u>Kathleen Ratliff</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wayne D Loethen Marceline, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>776X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

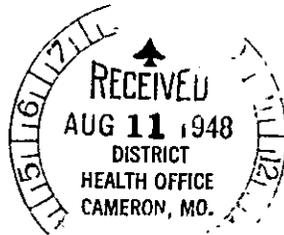
22. I hereby certify that I attended the deceased from July 21, 1949, to July 23, 1949, that I last saw the deceased alive on July 23, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert A. ... M.D.</u>	(Degree or title)	23b. ADDRESS <u>Marceline, Mo.</u>	23c. DATE SIGNED <u>7-25-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>July 24 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo.</u>

DATE REC'D BY LOCAL REG. <u>July 23-49</u>	REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u>	401	25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. Laughlin</u>	ADDRESS <u>Marceline, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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



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
Student Embalmer

Signed Blauche Mangler

Licensed Embalmer No. 19019

P. O. Address Marcelline

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, fact should be so stated above.