

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29584

State File No. ....

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. ~~56~~ PRIMARY REG. DIST. NO. 5790 Registrar's No. 86

1. PLACE OF DEATH a. CITY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Rural "Carrollton Twp."</u>	c. LENGTH OF STAY (In this place) <u>68 yrs</u>	c. CITY OR TOWN <u>Rural "Carrollton Twp."</u>	d. STREET ADDRESS (If rural, give location) <u>5-mi. N.E. of Carrollton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5-mi. N.E. of Carrollton</u>		d. STREET ADDRESS (If rural, give location) <u>5-mi. N.E. of Carrollton</u>	
3. NAME OF DECEASED (Type or Print) <u>MARY R. LOOS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12, 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 22, 1863</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or at last) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Columbia, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Denger</u>	
13b. MOTHER'S MAIDEN NAME <u>Rosena Kallenberger</u>		14. NAME OF HUSBAND OR WIFE <u>Frederech Loos</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George Loos</u>		ADDRESS <u>Carrollton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mitral insufficiency</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Infirmities of Age</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>	
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) (Min.)	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 <u>Jan. 1, 1941</u> to <u>Sept. 12, 1949</u> that I last saw the deceased alive on <u>Sept. 12, 1949</u> , and that death occurred at <u>9</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>P. W. ...</u>		23b. ADDRESS <u>Carrollton, Mo.</u>	
23c. DATE SIGNED <u>Sept 13/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>near Bogard Mo.</u>
DATE REC'D BY LOCAL REG. <u>9/14/49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u>	45	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u> ADDRESS <u>Carrollton, Mo.</u>

RECEIVED SEP 19

District Health Officer No. \_\_\_\_\_

District File Number 94

Date Filed 9-30-49

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.

Signed Ben W. Gibson

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2961

P. O. Address Carrollton, Va

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.