

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **38209**

FILED DEC 7 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>421</u>	
1. PLACE OF DEATH a. COUNTY PETTIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. LENGTH OF STAY (in this place) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		d. STREET ADDRESS (If rural, give location) 712 WEST BROADWAY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 712 WEST BROADWAY				d. STREET ADDRESS (If rural, give location) 712 WEST BROADWAY			
3. NAME OF DECEASED (Type or Print) a. (First) Don b. (Middle) Juan c. (Last) LOOFBOURROW			4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1949				
5. SEX M O W	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 3, 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 26	IF UNDER 4 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Osteopathic Physician		10b. KIND OF BUSINESS OR INDUSTRY General Practice		11. BIRTHPLACE (State or foreign country) Mt. Sterling, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Sarah E. Loofourrow			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sarah E. Loofbourrow, 712 W. B'way, Sedalia			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Cerebral embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days 4201	
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 <u>Nov 25</u> , 19 <u>49</u> , to <u>Nov 29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 29</u> , 19 <u>49</u> , and that death occurred at <u>10:00 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Chas. Gordon Baughfiche, M.D.</i>				23b. ADDRESS <u>Sedalia Mo.</u>		23c. DATE SIGNED <u>11-30-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24b. DATE 1 Dec, 1949		24c. NAME OF CEMETERY OR CREMATORY Elnwood Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 12/1/49		REGISTRAR'S SIGNATURE <i>Betty Yeager Deputy</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Heckart</i>		ADDRESS <i>Sedalia, Mo.</i>	

RECEIVED

District Health Officer No. 8,

DEC 5

District File Number

Date Filed 12-6-49

DEC 14 1949

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 *W. Hechart*

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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, fact should be so stated above.