

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13672**

0550
1

BIRTH NO. _____		REG. DIST. NO. 383		PRIMARY REG. DIST. NO. 5647		Registrar's No. 314				
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ozark						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Freistat		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wilhoist, mo - 0770						
d. FULL NAME OF HOSPITAL OR INSTITUTION mt. Vernon, Freistat Tenn				d. STREET ADDRESS (If rural, give location) Wilhoist						
3. NAME OF DECEASED (Type or Print) JAMES S. JOHANN LOFTIS			a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH 4 - 8 - 1950		(Month) (Day) (Year)		5. SEX MALE		6. COLOR OR RACE WHITE				
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 2-2-1889		9. AGE (to years last birthday) 61		if UNDER 1 YEAR Months Days		if UNDER 2 Hrs. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farmer			11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME James Merion Loftis			13b. MOTHER'S MAIDEN NAME Josephine Summerville			14. NAME OF HUSBAND OR WIFE none				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME R. L. Laffer, Wilhoist			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Infarction of mi						48 hours		
		ANTECEDENT CAUSES								
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Acute pneumonia</p> <p>DUE TO (c) Cause unknown</p>						4 days		
II. OTHER SIGNIFICANT CONDITIONS								492x		
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 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)		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 4-5 , 19 50 to April 8 , 19 50 , that I last saw the deceased alive on April 6 , 19 50 and that death occurred at 10 P. M. , from the causes and on the date stated above.										
23a. SIGNATURE R. A. Johnson				(Degree or title) M.D.		23b. ADDRESS Mt. Vernon		23c. DATE SIGNED 4-10-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-9-50		24c. NAME OF CEMETERY OR CREMATORY Loftis Cemetery		24d. LOCATION (City, town, or county) (State) Wilhoist, Mo.				
DATE REC'D BY LOCAL REG. April 10, 1950		REGISTRAR'S SIGNATURE Cecil Henderson			411		25. FUNERAL DIRECTOR'S SIGNATURE Clint King			
							ADDRESS Lawrenceville, Mo.			

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

APR 25 1950

RECEIVED APR 12 1950
District Health Office No. 6,
District File Number 450-443
Date Filed 4-12-50

APR 19 1950

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

Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ann, Md.

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.