

S. No. 300  
v. 10.48

FILED OCT 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29486

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 4096

0117

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXX 1709 Dewey St.</u>		d. STREET ADDRESS (If rural, give location) <u>1709 Dewey Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>	b. (Middle) <u>Alva</u>	c. (Last) <u>Loar</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Oct 24 1923</u>	9. AGE (In years last birthday) <u>26</u>	IF ORDER YEAR Months Days	IF ORDER HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Snipper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Meat Packing</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo: 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wm Alva Loar</u>	13b. MOTHER'S MAIDEN NAME <u>Mathilda Engelman</u>	14. NAME OF HUSBAND OR WIFE. <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W W II</u>	16. SOCIAL SECURITY NO. <u>493-18-4874</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edgar Loar, St. Louis, Mo.</u>
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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>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Insufficiency</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Man died while alone in his bed in his rooming house. He has not complained of recent illness or been disabled</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)	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 7/26, 1950, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:25 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D. (Coroner)</u>	23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>9/26/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 29, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Auburn</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 30, 1950</u>	REGISTRAR'S SIGNATURE <u>G. B. Jenkins 392</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barry Funeral Home, St. Joseph, M</u>
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