

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32813**

0142

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 2008 Registrar's No. 375

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u> <u>0142</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>321 N 8th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>321 N 8th St.</u>		d. STREET ADDRESS (If rural, give location) <u>321 N 8th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u> b. (Middle) <u>Lorenzo</u> c. (Last) <u>Loekhart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Indian</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 16-1900</u>
9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>	IF UNDER 24 HRS Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Calcutta, India</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Marie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>355-07-2613</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marie U. Loekhart, Fulton, 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>Cronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u>	
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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>2 Oct</u> 19 <u>48</u> , to <u>6 Nov</u> 19 <u>50</u> , that I last saw the deceased alive on <u>7 Oct</u> 19 <u>50</u> , and that death occurred at <u>6:30 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>7 Nov 50</u>
24a. BURIAL, CREMATION, OR DISPOSAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 9-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>South Side</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u>
DATE REC'D BY LOCAL REG. <u>Nov. 9-1950</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> <u>426</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Eli Bell Fulton, Mo.</u>	

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV 13 1950

RECEIVED

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

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

Signed Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton, 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.