

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36503

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 248

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY OR TOWN <u>Jefferson City Mo</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Thomas 0260</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Home of Aged</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) <u>RAYMOND</u> a. (First) b. (Middle) c. (Last) <u>LOETHEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8, 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 31, 1871</u>
9. AGE (In years last birthday) <u>79</u> 2 <u>7</u>		9. AGE (In years) IF UNDER 1 YEAR IF UNDER 1 HR. Months Day Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Thomas Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Adolph Loethen</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Kath. Brunnet</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 ADDRESS <u>Bertha Adair, St. Thomas Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</small>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES <u>Due to (b) Amyotrophic Lateral Sclerosis</u> <u>Due to (c) General Debility & Anemia</u> II. OTHER SIGNIFICANT CONDITIONS <u>General Debility & Anemia</u> 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) (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>Mar 23, 1948</u> to <u>Nov 8, 1950</u> , that I last saw the deceased alive on <u>Nov 7, 1950</u> , and that death occurred at <u>6 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Osaman MD</u> (Degree or title)		23b. ADDRESS <u>Jefferson City</u>	
23c. DATE SIGNED <u>11-13-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov 11, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Thomas</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Thomas, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sylvester Cullen J.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 13-1950</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD-DR.</u>	

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

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RECEIVED 11-20-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-20-50

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 _____

Donna W. James

Student Embalmer No. 374

working under my personal supervision.

Student Donna W. James
Student Embalmer

Signed Sylvester Dulle
Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.