

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37700

BIRTH NO.		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 5706		Registrar's No. 74			
1. PLACE OF DEATH a. COUNTY <i>McDonald</i>				2. USUAL RESIDENCE (Where deceased lived; if institution; residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>McDonald</i> c. CITY OR TOWN <i>Rural Anderson</i>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Anderson</i>		c. LENGTH OF STAY (in this place) <i>30</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Anderson</i>		d. STREET ADDRESS (If rural, give location) <i>1 mi S. of Anderson</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <i>META</i>			a. (First) <i>META</i>		b. (Middle) <i>MARZINA</i>		c. (Last) <i>LOUCK</i>		
4. DATE OF DEATH		(Month) <i>11</i>		(Day) <i>9</i>		(Year) <i>1950</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>widowed</i>		8. DATE OF BIRTH <i>3-12-1899</i>			
9. AGE (In years last birthday) <i>57</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>House work</i>		11. BIRTHPLACE (State or foreign country) <i>Baldwin Missouri</i>			
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>Lee Graham</i>		13b. MOTHER'S MAIDEN NAME <i>Mary F. Coulman</i>			
14. NAME OF HUSBAND OR WIFE <i>Joe Louck</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Walter Louck</i> ADDRESS <i>Pittsburgh Kan</i>			
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Venous Thrombosis</i>				ANTECEDENT CAUSES				DUE TO (b) <i>Hypertension</i> <i>3 hours</i>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <i>Arteriosclerosis</i>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<i>331X</i>	
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) (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 <i>11/9/50</i> , 19 <i>50</i> , to <i>11/9/50</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>11/9/50</i> , 19 <i>50</i> , and that death occurred at <i>3:15</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>A. B. ...</i>				23b. ADDRESS <i>Anderson 760</i>		23c. DATE SIGNED <i>11/10/50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>11-11-1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mount Olive Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Pittsburgh Kan</i>			
DATE REC'D BY LOCAL REG. <i>11-11-50</i>		REGISTRAR'S SIGNATURE <i>Mayne Humphrey</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>423</i>		ADDRESS <i>Staten Funeral Home Anderson Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

R. P. Cleatham

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 6 1950

Dist. File 1258 - 2445

Date Filed 12-8-50

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 me

.....
working under my personal supervision.

Student Embalmer No. ✓

✓
Signed.....
Student Embalmer

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson Inc

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.