

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16013

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 131

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>		c. LENGTH OF STAY (in this place) <u>11 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - JEFFERSON TOWNSHIP</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHAS. E. STILL OSTEOPATHIC HOSP.</u>			d. STREET ADDRESS (If rural, give location) <u>10 Mic. S.W. Jefferson City - Mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>HENRY</u>	c. (Last) <u>Loesch</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 15, 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 29, 1878</u>	9. AGE (in years last birthday) <u>72</u>	10. UNDER 1 YEAR Months <u>4</u> Days <u>17</u>
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 <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>AMERICA</u>	
13a. FATHER'S NAME <u>John Edward Loesch</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET FRANTZ</u>		14. NAME OF HUSBAND OR WIFE <u>MATTIE MARGARET ROCKELMANN</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>Edward Loesch Jefferson City, 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>Hypostatic Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) <u>Circulatory failure</u>				<u>12 DAYS</u>
	DUE TO (c) <u>Cerebral hemorrhage</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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) <u>331X</u>			
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 <u>5/5</u> , 19 <u>51</u> , to <u>5/15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5/15</u> , 19 <u>51</u> , and that death occurred at <u>7:25 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R. A. Michael D.O.</u>			23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>5/15/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May-17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Zion, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>May 16 - 1951</u>	REGISTRAR'S SIGNATURE <u>R.P. Norris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. ...</u>	ADDRESS <u>Jefferson City, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 5-19-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 5-19-51

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 *Joseph J. Landon*

Licensed Embalmer No. 1286

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.