

FILED JUN 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17430

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5825 Registrar's No. 10

|   |                               |  |                                      |
|---|-------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>New Madrid</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death)<br>a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>  |                                      |
| 5. b. CITY (If outside corporate limits, write RURAL and give township) <u>Tallapoosa</u>   |                               | c. LENGTH OF STAY (in this place) _____  |                                      |
| c. CITY (If outside corporate limits, write RURAL and give township) <u>Tallapoosa</u>  |                               | OR TOWN <u>0720</u>  |                                      |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>   |                               | d. STREET ADDRESS (If rural, give locality) <u>9 N Village</u>   |                                      |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>JAMES</u>  |                               | b. (Middle) _____  |                                      |
| c. (Last) <u>LOREE</u>  |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 18-1951</u>   |                                      |
| 5. SEX <u>MO</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  | 8. DATE OF BIRTH <u>Feb 3rd 1890</u> |
| 9. AGE (In years) (Months) (Days) <u>61</u>   |                               | 10. a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) <u>Blacksmith</u>   |                                      |
| 10b. KIND OF BUSINESS OR INDUSTRY _____   |                               | 11. BIRTHPLACE (State or foreign country) <u>State of Ohio</u>   |                                      |
| 12. CITIZEN OF WHAT COUNTRY? <u>US</u>  |                               | 13a. FATHER'S NAME <u>John Loree</u>   |                                      |
| 13b. MOTHER'S MAIDEN NAME <u>Maggie Schues</u>  |                               | 14. NAME OF HUSBAND OR WIFE <u>Matteo Loree</u>  |                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>  |                               | 16. SOCIAL SECURITY NO. <u>None</u>  |                                      |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Matteo Loree</u>   |                               | ADDRESS <u>Tallapoosa MO</u>   |                                      |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary artery disease</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>generalized atherosclerosis</u><br>DUE TO (c) <u>sclerosis</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>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 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>4201</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>10:00 A.M.</u> , 19 <u>51</u> , to _____, 19 <u>51</u> , that I last saw the deceased alive on _____, 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.  |                                      |
| 23a. SIGNATURE (Degree or title) <u>J. M. Bailey MD</u>   |                               | 23b. ADDRESS <u>Malden, Mo</u>   |                                      |
| 23c. DATE SIGNED <u>5/21/51</u>   |                               | 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>   |                                      |
| 24b. DATE <u>5/20/51</u>  |                               | 24c. NAME OF CEMETERY OR CREMATORY <u>Malden</u>   |                                      |
| 24d. LOCATION (City, town, or county) (State) <u>Malden MO</u>  |                               | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Annual Service</u>  |                                      |
| 25. ADDRESS <u>Walter Annual Service</u>  |                               | DATE REC'D BY LOCAL REG. <u>5/26/51</u>  |                                      |
| REGISTRAR'S SIGNATURE <u>Dr. S. K. Kestel</u>   |                               | ADDRESS _____  |                                      |

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

RECEIVED

JUN 1 1951

DISTRICT HEALTH OFFICE No. 0

File No. ....

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Walter Marsh Watkins*

Licensed Embalmer No. *4717*

P. O. Address *Dexter 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.