

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **31089**

FILED SEP 19 1951

Registrar's No. **254**

BIRTH NO. _____		REG. DIST. NO. 277		PRIMARY REG. DIST. NO. 4411		Registrar's No. 254	
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike			
b. CITY (If outside corporate limits, write RURAL and give township) Bowling Green		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Bowling Green		0820	
d. FULL NAME OF HOSPITAL OR INSTITUTION 414 N. High				d. STREET ADDRESS (If rural, give location) 414 N. High			
3. NAME OF DECEASED (Type or Print) a. (First) Gora b. (Middle) Louisa c. (Last) Loudermilk			4. DATE OF DEATH (Month) (Day) (Year) Aug - 30 - 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Aug. 8 - 1868	
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Near Maywood O Mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Dr. J. D. Raines			13b. MOTHER'S MAIDEN NAME Obitha E. Hampton		14. NAME OF HUSBAND OR WIFE J. D. Loudermilk, Lewis Co.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Madie Mathews - Bowling Green			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Senile Changes DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH yes yes	
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) 4500			
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 1947 to Aug 30 , 1951, that I last saw the deceased alive on Aug 31 , 1951, and that death occurred at 5:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. M. Mathews, M.D.				23b. ADDRESS 202 Bowling Green Mo.		23c. DATE SIGNED 8-31-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 2 - 1951		24c. NAME OF CEMETERY OR CREMATORY Rosce Cemetery		24d. LOCATION (City, town, or county) (State) Lewis Co. Mo.	
DATE REC'D BY LOCAL REG. 9-11-51		REGISTRAR'S SIGNATURE Bill Robinson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS N. B. Elnore Bowling Green			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

820

SEP 17 1951

Date Received:

DISTRICT HEALTH OFFICE #2

District File Number 9-51-168

Date Filed: SEP 17 1951

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.

Signed

N. B. Moore

Signed.....
Student Embalmer

Licensed Embalmer No. *3466*

P. O. Address

Booth Green

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.