

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36781

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5328 Registrar's No. 6-1951

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY OR TOWN <u>LEASBURG (LIBERTY)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEASBURG (LIBERTY TWP.)</u>	
c. LENGTH OF STAY (In this place) <u>10 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. 1 RURAL 0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BARBARA</u> b. (Middle) <u>MARIE</u> c. (Last) <u>LOEFFLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 12 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 16 1864</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>BADEN GERMANY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>FAULKEMUELLER</u>	13b. MOTHER'S MAIDEN NAME <u>MARIE-BARD</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>
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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 <u>Mrs. Louise Koehn Leasburg, Mo.</u>	ADDRESS <u>Leasburg, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>36 HRS</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u>		DUE TO (b) <u>FRACTURE OF FEMUR.</u> <u>FRACTURE OF HUMERUS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
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>E9040</u> <u>21</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 MARCH, 1947, to Nov., 1951, that I last saw the deceased alive on Nov. 10, 1951, and that death occurred at 8:35 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ronald H. Holt</u>	23b. ADDRESS <u>Beerton Mo</u>	23c. DATE SIGNED <u>11-12-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/15/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Beerton, New York</u>
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DATE REC'D BY LOCAL REG. <u>11/13/51</u>	REGISTRAR'S SIGNATURE <u>W.C. Davis Deputy Registrar</u>	374	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Eaton</u>	ADDRESS <u>Sullivan, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

# 280  
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV 20 1951

RECEIVED

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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Edgar W. Laffoon*  
Licensed Embalmer No. *3394*  
P. O. Address *Sullivan 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.