

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41701**
5283

FILED DEC 26 1951

BIRTH NO. **85375-51** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5283**

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City** c. LENGTH OF STAY (In this place) **4h. 22m.**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City - Rural**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Northeast Asteryath**

d. STREET ADDRESS (If rural give location) **8701 St John**

3. NAME OF DECEASED
a. (First) **Betty** b. (Middle) **Louise** c. (Last) **Loftis**

4. DATE OF DEATH (Month) (Day) (Year) **12 8 1951**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **never married**

8. DATE OF BIRTH **12-8-1951**

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min. **4 22**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **infant**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **James A. Loftis**

13b. MOTHER'S MAIDEN NAME **Norine Smith**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **James A Loftis 8701 St John**

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) **Prematurity**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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

776x

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-8**, 19**51**, to **12-8**, 19**51**, that I last saw the deceased alive on **12-8**, 19**51**, and that death occurred at **10:30 A m.**, from the causes and on the date stated above.

23a. SIGNATURE **Louis W. Berta** (Degree or title) **D.O.**

23b. ADDRESS **3208 Quincy Dr. N.C. Mo.**

23c. DATE SIGNED **12-8-51**

24a. BURIAL CREMATION REMOVAL (Specify) **Removal**

24b. DATE **12-10-51**

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) **ainsville Mo.**

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE **12-9-51 Geraldine Holmes**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **John P. Shul N.C. Mo.**

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

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 _____

John P. Shiel

Signed.....

Student Embalmer

Licensed Embalmer No. 3625

P. O. Address K C 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.