

RECORDED MAR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5119
982

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #1</u> | | d. STREET ADDRESS (If rural, give location) <u>512 Woodland</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ROGER</u> | b. (Middle) <u>Elmer</u> | c. (Last) <u>LOUTHAIN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 1, 1952</u> |
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| 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>Aug. 4, 1875</u> | 9. AGE (In years last birthday) <u>76</u> | 10. UNDER 1 YEAR Days | 11. UNDER 2 HRS. Hours | 12. UNDER 30 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Upholsterer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>FURNITURE</u> | 11. BIRTHPLACE (State or foreign country) <u>Logansport, Indiana</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Samuel Louthain</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Lucy Blanch Louthain</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. _____ | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>C. N. Louthain, 1916 E. 55th St. K.C. Mo.</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sq. cell Ca. lower lip with generalized metastasis.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1917</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility with malnutrition</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from 2-21-, 1951, to 3-1-, 1952, that I last saw the deceased alive on Mar. 1, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>E. H. Stratemeier MD</u> | 23b. ADDRESS <u>24th & McCoy</u> | 23c. DATE SIGNED <u>3-1-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>March 2 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY _____ | 24d. LOCATION (City, town, or county) (State) <u>Fort Smith Arkansas</u> |
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| DATE REC'D BY LOCAL REG. <u>3-1-52</u> | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D. H. Newcomer's Sons, Kansas City, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John B Lewis

Licensed Embalmer No. 4875

P. O. Address KC 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.