S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 6 1952

State File No. 12743

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 29

0440
4

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oregon
c. LENGTH OF STAY (In this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Brown Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Holt
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clay Twp. 0440
d. STREET ADDRESS (If rural, give location): 5 mi. E. 1½ mi. N. Mound City

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Sherman
c. (Last): Loucks

4. DATE OF DEATH (Month) (Day) (Year): April 29, 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 21, 1868

9. AGE (In years last birthday): 83 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Oregon, Missouri 0

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

13a. FATHER'S NAME: Peter Loucks

13b. MOTHER'S MAIDEN NAME: Anna Forney

14. NAME OF HUSBAND OR WIFE: Jennie Loucks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Dwight Loucks Mound City, Mo.

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) { BROKEN HIP (RIGHT) Followed / BY DECUBITUS ULCER — INTERVAL BETWEEN ONSET AND DEATH: 3 Mo. / 2½ Mo.

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.* MITRAL REGURGITATION — 4 TO 6 YEARS.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 044 E9037-45

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ACCIDENT

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NURSING HOME.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): OREGON MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JAN 25, 52 7 A.m.

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

21f. HOW DID INJURY OCCUR?: Fell in Bedroom.

22. *I hereby certify that I attended the deceased from* JAN 15, 1951, *to* APR. 29, 1952, *that I last saw the deceased alive on* APR. 29, 1952, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard C. Carlin D.O.

23b. ADDRESS: Oregon Mo.

23c. DATE SIGNED: 5-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE: May 2, '52

24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery

24d. LOCATION (City, town, or county) (State): Mound City, Missouri

DATE REC'D BY LOCAL REG.: 5/2/1952

REGISTRAR'S SIGNATURE: James H. Crawford 464

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: James H. Crawford Mound City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, 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.