

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13840

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

FILED APR 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3052 Registrar's No. 540

1. PLACE OF DEATH a. COUNTY <u>Dick</u>		2. USUAL RESIDENCE (Where deceased lived. (If institution: residence, before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dick</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baliviar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baliviar</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>336 Clark Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>336 Clark Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Robert</u> c. (Last) <u>Loafman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 31 1952</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 6 1877</u>		9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>74 9 25</u>			

10. USUAL OCCUPATION (Give kind of work considering most of year if never "retired") <u>Retired Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mail Carrier</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Danville Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Green Loafman</u>		13b. MOTHER'S MAIDEN NAME <u>Dalea Laughlin</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma L. Loafman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Emma L. Loafman</u>		17. ADDRESS <u>Dick 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular fibrillation</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 min.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>chest X-ray Jan. 15. 52</u> <u>Lymphogenous spread of Pulmonary</u> DUE TO (b) DUE TO (c) <u>metastasis</u> 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 <u>2001</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)	
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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?	
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22. I hereby certify that I attended the deceased from Dec 25, 1951, to Mar 29, 1952, that I last saw the deceased alive on Mar 29, 1952, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. Smith M.D.</u>		23b. ADDRESS <u>Baliviar Mo.</u>		23c. DATE SIGNED <u>Apr 15 52</u>	
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24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 3/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery Baliviar</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>James Green Loafman</u>		24f. ADDRESS <u>Baliviar Mo</u>	

DATE REC'D BY LOCAL REG. <u>April 19 1952</u>		REGISTRAR'S SIGNATURE <u>Ralph Henderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Green Loafman</u>	
				ADDRESS <u>Baliviar Mo</u>	

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

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0541

JUL 19 1958

APR 30 1958

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

*Chas. J. Foster*

Licensed Embalmer No. 4154

P. O. Address Baltimore, Md.

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.