

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17412**

FILED MAY 28 1952

BIRTH-NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **78**

781
0

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

1. PLACE OF DEATH a. COUNTY Demiseot		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Demiseot	
b. CITY (If outside corporate limits, write RURAL and give town) Hayti		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
c. LENGTH OF STAY (in this place) 20 min		d. STREET ADDRESS (If rural, give location) Rt 2 Bragg City, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Demiseot County Memorial			
3. NAME OF DECEASED a. (First) Oliver b. (Middle) Franklin c. (Last) Loden		4. DATE OF DEATH (Month) (Day) (Year) May 12, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 14, 1900
9. AGE (In years last birthday) 51	UNDER 1 YEAR Months 4 Days 28	10. 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) Marion County Alabama	
12a. FATHER'S NAME Jim Loden		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13b. MOTHER'S MAIDEN NAME Cordelia Armstrong		14. NAME OF HUSBAND OR WIFE Mystle Loden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 418-09-3583	
17. INFORMANT'S SIGNATURE OR NAME Bobby Ray Loden		ADDRESS Rt 2 Bragg 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Hypertensive Cardio-Vascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Essential Hypertension 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) m.		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 5-1 , 19 52 , to 5-12 , 19 52 , that I last saw the deceased alive on 5-12 , 19 52 , and that death occurred at 4:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE C.D. Kassis		23b. ADDRESS Mo. Hayti, Mo.	
23c. DATE SIGNED 5-12-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-12-52	
24c. NAME OF CEMETERY OR CREMATORY Willcrest Cemetery		24d. LOCATION (City, town, or county) (State) Hayti, Ala.	
DATE REC'D BY LOCAL REG. 5-21-52		REGISTRAR'S SIGNATURE John W. German	
25. FUNERAL DIRECTOR'S SIGNATURE John W. German		ADDRESS Hayti, Mo.	

S. 52-167

Rec. MAY 24 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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.....
Student Embalmer

Signed *Raymond L. Duffie*.....

Licensed Embalmer No. *4798*.....

P. O. Address *Hayti, 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.