

FILED JUL 18 1952
 S. No. 422
 v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25119

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Mercer 0650		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mercer 0650	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) William b. (Middle) H. c. (Last) Loutzenhiser			4. DATE OF DEATH (Month) (Day) (Year) 7-8-52
5. SEX male U	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-3-1877
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life at end of year) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Alpha Grundy Co., Mo U		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David F. Loutzenhiser		13b. MOTHER'S MAIDEN NAME Emma Zully	
14. NAME OF HUSBAND OR WIFE Mary Marjorie Loutzenhiser			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Mary Marjorie Loutzenhiser		ADDRESS Princ	
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) Paralytic agonal ANTECEDENT CAUSES Exhaustion 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 350X	
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) (Minute)		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 July 1, 1950, to July 8, 1952, that I last saw the deceased alive on July 8, 1952, and that death occurred at 4 a.m., from the causes and on the date stated above.			
23a. SIGNATURE J. M. Perry M.D.		23b. ADDRESS Princeton, MO	
23c. DATE SIGNED July 10-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7-10-52	
24c. NAME OF CEMETERY OR CREMATORY Ravanna		24d. LOCATION (City, town, or county) Mercer Co., Mo (State)	
DATE REC'D BY LOCAL REG. 7-10-52		REGISTRAR'S SIGNATURE Noel Moss	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Princeton, Mo	

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

SEP 23 1957

2561 1.6 204

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul M. Jones

Licensed Embalmer No. 2634

P. O. Address Genoa, W

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.