

FILED DEC

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37985

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 106 PRIMARY REG. DIST. NO. 5256 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <u>CHARITON. Hunting Camp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CUNNINGHAM</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hale</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Sumner Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>176</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RAY</u>	b. (Middle) <u>ALBERT</u>	c. (Last) <u>LOEW</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29 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>Oct. 8, 1888</u>	9. AGE (In years last birthday) (Month) (Day) (Hours) (Min.) <u>64 1 21</u>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>leather salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Brookfield Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Emil Loew</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Groetche</u>	14. NAME OF HUSBAND OR WIFE <u>Lela Hubbard Loew</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. <u>480-01-4552</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lela Hubbard Loew</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	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.			

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) <u>4201 Hale Mo</u>
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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 Nov 29, 1952, to Nov 29, 1952, that I last saw the deceased alive on Nov 29, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Alvin A. Uleh</u>	23b. ADDRESS <u>Hale, Mo</u>	23c. DATE SIGNED <u>11-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 2-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>North of Hale Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 29, 1952</u>	REGISTRAR'S SIGNATURE <u>Maud Wright</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. A. Leonard</u>	ADDRESS <u>Plater Funeral Home, Hale Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

APR 9 1962

MAR 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>by me</sup> by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed S. L. Leopard

Licensed Embalmer No. 3970

P. O. Address Mendon, M.D.

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.