

FILED FEB 1 1954

STANDARD CERTIFICATE OF DEATH

State File No. 2776

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bonne Terre</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Leadington</u> <u>0940</u>	
c. LENGTH OF STAY (In this place) <u>14 Hrs</u>		d. STREET ADDRESS (If rural, give location) <u>Bonne Terre Hospital</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elva</u> b. (Middle) c. (Last) <u>Loughary</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-24-1953</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 6-1904</u>	9. AGE (In years last birthday) <u>48</u> if UNDER 1 YEAR Months <u>3</u> Days <u>18</u> if UNDER 2 HRS. Hours <u>  </u> Min. <u>  </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Coffman, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Homer Kennon</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Alexander</u>	14. NAME OF HUSBAND OR WIFE <u>Oliver W. Loughary</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oliver W. Loughary</u>	ADDRESS <u>Leadington, 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		INTERVAL BETWEEN ONSET AND DEATH <u>13 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive vascular disease</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>			

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)
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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 Jan 23, 1953, to Jan 24, 1953; that I last saw the deceased alive on Jan 24, 1953, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Foster</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Desloge, Missouri</u>	23c. DATE SIGNED <u>1-26-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan-26-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 26, 1953</u>	REGISTRAR'S SIGNATURE <u>Esther Redlock</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SPARKS F. HOME</u>	ADDRESS <u>Flat River, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 25 1953

FEB 20 1953

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

*Murphy J. Parker*

Licensed Embalmer No. *4236*

P. O. Address *Flat River, 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.