

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **42529**

No. 300  
10. 48

**FILED DEC 21 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **118** PRIMARY REG. DIST. NO. **4188** Registrar's No. **32**

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

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Henry</b>	b. (Middle) <b>Arnold</b>	c. (Last) <b>Loeb</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Dec. 15 1953</b>
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<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>Aug. 13, 1887</b>	<b>9. AGE</b> (In years last birthday) <b>66</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Bem, Mo.</b>	<b>12. COUNTRY OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Louis Loeb</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Bertha Dehn</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Emma Ratherton Loeb</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>499-24-6818</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Emma Loeb</b>	<b>ADDRESS</b> <b>Owensville, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 dys.</b>
	<b>I. DIRECTLY LEADING TO DEATH*</b> (a) <b>Right Hemiplegia -</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension causing cerebral hemorrhage</b> DUE TO (c) <b>None</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>None</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>331X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Owensville, Mo. Gasconade</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 12-13, 1953 to 12-15, 1953, that I last saw the deceased alive on ~~12-14~~ 12-15, 1953, and that death occurred at 3:15 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Erica Bonner, M.D.</b>	<b>23b. ADDRESS</b> <b>Owensville, Mo.</b>	<b>23c. DATE SIGNED</b> <b>12-15-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>12-17-1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>City Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Owensville, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Dec. 17, 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mrs. Maurine Appenfeld</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Richard N. Winter</b>	<b>ADDRESS</b> <b>OWENSVILLE</b>
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(Licensed Emballer's Statement on Reverse Side)

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

JAN 7

**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 M

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Michael H. H. White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.