

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16577**

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3040		Registrar's No. 114	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (In this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Child		d. STREET ADDRESS (If rural, give location) 0-90 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 307 Vine				d. STREET ADDRESS (If rural, give location) ✓			
3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Aquilla c. (Last) Loomis			4. DATE OF DEATH (Month) (Day) (Year) May 31 1954				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 18 1877	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Penn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Penn.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME James M. Sieger			13b. MOTHER'S MAIDEN NAME Biers		14. NAME OF HUSBAND OR WIFE George E. Loomis		
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helian Lattinaw, Chillicothe, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest ANTECEDENT CAUSES DUE TO (b) Cerebral hemorrhage DUE TO (c) Arterio sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension					INTERVAL BETWEEN ONSET AND DEATH 24 days Known 7 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? 331X 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 18 47 to May , 19 54 , that I last saw the deceased alive on 29 May , 19 54 , and that death occurred at 6:40 Am., from the causes and on the date stated above.							
23a. SIGNATURE Charles M. Guee, M.D. (Degree or title)				23b. ADDRESS Chillicothe, Mo.		23c. DATE SIGNED 31 May 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/1/1954		24c. NAME OF CEMETERY OR CREMATORY Plainview Cemetery		24d. LOCATION (City, town, or county) (State) Child Mo	
DATE REC'D BY LOCAL REG. 5-31-54		REGISTRAR'S SIGNATURE Francis B. Neal		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Robertson		ADDRESS Funeral Home Child Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

J. M. Robertson

Signed.....
Student Embalmer

Licensed Embalmer No. *4388*

P. O. Address. *Laredo 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.