

FILED JUL 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23781
State File No.

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **435** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, write RURAL and give township) NEW MADRID		c. CITY (If outside corporate limits, write RURAL and give township) NEW MADRID	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0721	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) ALVIS b. (Middle) GRANT c. (Last) LOFTON		4. DATE OF DEATH (Month) (Day) (Year) July-10-54	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Nov-11-1892
9. AGE (in years last birthday) 71	IF UNDER 1 YEAR Months 7 Days 29	IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BENTON, Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME DEMPSY LOFTON		13b. MOTHER'S MAIDEN NAME UNK.	14. NAME OF HUSBAND OR WIFE LUIA MAE LOFTON
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. NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS ALBERT LOFTON, 1010 W-105th, MUNCIE, IND
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 OCCLUSION INTERVAL BETWEEN ONSET AND DEATH Five Hours ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis, severe 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 4207		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July 9, 1954 to 9 July, 1954 , that I last saw the deceased alive on 9 July, 1954 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Charles E. Weber		23b. ADDRESS (Degree or title) M.D. New Madrid, MO.	23c. DATE SIGNED 12 July 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 12-54	24c. NAME OF CEMETERY OR CREMATORY W.O.W. CEMETERY	24d. LOCATION (City, town, or county) (State) EAST PRAIRIE MO.
DATE REC'D BY LOCAL REG. 8/19/54	REGISTRAR'S SIGNATURE Helene Louise Jones	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Richard Jones UND'Y. CO. NEW MADRID MO.	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Tommy S. Roberts

Licensed Embalmer No. *886*

P. O. Address *New Market, Va*

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.