

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29868**
REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **993**

FILED SEP 20 1954

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 20 yrs		e. STREET ADDRESS (If rural, give location) 117 E. Buffalo St. 01170	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			
3. NAME OF DECEASED a. (First) Clora M.		b. (Middle)	c. (Last) Losh
4. DATE OF DEATH Sept. 8, 1954			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 24, 1904
9. AGE (in years last birthday) 50		IF UNDER 1 YEAR Months	IF UNDER 2 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Dora, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James P. Russell		13b. MOTHER'S MAIDEN NAME Rilda Dobbs	14. NAME OF HUSBAND OR WIFE John E. Losh
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 John E. Losh ADDRESS 117 E. Buffalo St. City
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema INTERVAL BETWEEN ONSET AND DEATH 3 mos. ANTECEDENT CAUSES DUE TO (b) Mitral Stenosis 10 yrs + 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 410X	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 15, 1954 , to Sept 8, 1954 , that I last saw the deceased alive on Sept 7, 1954 , and that death occurred at 4:00a , from the causes and on the date stated above.			
23a. SIGNATURE Arch Blair D.D. (Degree or title)		23b. ADDRESS Troy Kansas	23c. DATE SIGNED 9/10/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 11, 1954	24c. NAME OF CEMETERY OR CREMATORY Belmont Cemetery	24d. LOCATION (City, town, or county) (State) Wathens, Kansas
DATE REC'D BY LOCAL REG. Sept 15, 1954	REGISTRAR'S SIGNATURE Heather M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Clark Funeral Home ADDRESS St. Joseph, Mo.	

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.....
Signature of Student Embalmer

Signed..... *Earl A. Clark*

Licensed Embalmer No. *42*

P. O. Address *Gloucester*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.