

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 27 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4731

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) (township) <u>7 HOURS</u>	c. CITY OR TOWN <u>LINDEN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C. GENERAL HOSPITAL No. 1</u>		STREET ADDRESS (If rural, give location) <u>6000</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u> b. (Middle) <u>JOHN</u> c. (Last) <u>LOOS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER - 9 - 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 30 - 1928</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BEDDING LUMBER Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SUGAR CREEK MISSOURI</u>
13a. FATHER'S NAME <u>JAMES LOOS</u>		13b. MOTHER'S MAIDEN NAME <u>HELEN LUX</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. MENA ALICE LOOS</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>500-22-5205</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MENA ALICE LOOS LINDEN 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.	500-22-5205 MEDICAL CERTIFICATION	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skipped fracture skull</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of Left Tibula</u> DUE TO (c) <u>Fracture Pelvis-Shoulder</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (a. In or about home, farm, factory, street, office, etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clay MO MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-9-54</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>One Car Turned Over</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:45 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) 3	23b. ADDRESS <u>1034 Pieta Blvd</u>	23c. DATE SIGNED <u>10-11-54</u>
24a. BURIAL CREMATATION (Specify) <u>BURIAL</u>	24b. DATE <u>OCT-12-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mountain Grove Cemetery</u>
DATE REC'D BY LOCAL REG. <u>10-11-54</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	24d. LOCATION (City, town, or county) (State) <u>Clay MO</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Neva Minshall</u> ADDRESS <u>1331 - BRUSH CREEK</u>		<u>St. Louis, Mo.</u>

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *Albert L. Savage*.....

Licensed Embalmer No. *48*.....

P. O. Address *Kansas*.....

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.