

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 21 1955

State File No. **8972**
Registrar's No. **101**

BIRTH NO. _____		REG. DIST. NO. 251	PRIMARY REG. DIST. NO. 3048	Registrar's No. 101	
1. PLACE OF DEATH a. COUNTY Nodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, write RURAL and give town) Maryville		c. LENGTH OF STAY (In this place) 1 mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pickering		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			d. STREET ADDRESS (If rural, give location) none		
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) BENJAMIN	c. (Last) LOCH, Sr.	4. DATE OF DEATH (Month) (Day) (Year) 3 15 55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/10/74	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce dealer-retired		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Nodaway County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME David Loch		13b. MOTHER'S MAIDEN NAME Nancy Jane Abel		14. NAME OF HUSBAND OR WIFE Florence Graves Loch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Loch, Pickering, Missouri	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease			INTERVAL BETWEEN ONSET AND DEATH 5-10 years
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized arteriosclerosis			
		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			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) (Min.)		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 69 , 1954 , to March 15, 1955 , that I last saw the deceased alive on March 15, 1955 , and that death occurred at 6 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) M. D. C.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 3-17-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/17/55		24c. NAME OF CEMETERY OR CREMATORY White Oak	
				24d. LOCATION (City, town, or county) (State) Pickering, Missouri	
DATE REC'D BY LOCAL REG. 3-19-55		REGISTRAR'S SIGNATURE Les Bolt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	

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

SEP 11 1957

MAR 24 1956

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.