

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

STANDARD CERTIFICATE OF DEATH

11322

State File No.

FILED MAY 3 1955

BIRTH NO. REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5281 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Clark</u> <u>0230</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u> <u>Oct 30</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Madison Twp</u>		c. CITY OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>6 Months</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sunn Nursing Home</u>		f. STREET ADDRESS (If rural, give location) <u>Sea Moines Twp.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard J.</u> b. (Middle) <u>W.</u> c. (Last) <u>Loughlin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-22-55</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>Feb 12-1872</u>		9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Not Known</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>Not Known</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Leland Wayland, RR Alexandria</u>	

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) <u>CARCINOMA OF PROSTATE.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 MONTHS</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>ARTERIOSCLEROTIC HEART DISEASE</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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) <u>177x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 11-20-1954, to 4-22-1955, that I last saw the deceased alive on 4-22-1955, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr Channing Do</u>		23b. ADDRESS <u>Kahoka Mo</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-24-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kahoka Cem. Kahoka Mo.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J Karle</u>		ADDRESS <u>Kahoka</u>	
DATE REC'D BY LOCAL REG <u>4/29-55</u>		REGISTRAR'S SIGNATURE <u>J K Penney</u> <u>6/3</u>			

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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 *Fred Karle*.....

Licensed Embalmer No. *100*

P. O. Address *Kohoka*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.