

FILED JUL 11 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17793
664

BIRTH NO. 27930-55 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 664

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOLT	
b. CITY (If outside corporate limits, write RURAL and give township) ST. Joseph		c. CITY OR TOWN MAITLAND	
c. LENGTH OF STAY (in this place) 16 DAYS		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: MISSOURI METH. HOSP.		e. STREET ADDRESS (If rural, give location) 6 mi S.E. of MAITLAND	

3. NAME OF DECEASED a. (First) JOHN b. (Middle) ROBERT c. (Last) LOUCKS			4. DATE OF DEATH (Month) July (Day) 2 (Year) 1955		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH MAY 21, 1955		9. AGE (In years last birthday) 1 MONTHS 11 DAYS		10. UNDER 1 YEAR MONTHS 1 DAYS 11 HOURS 0 MIN.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			10b. KIND OF BUSINESS OR INDUSTRY NONE			11. BIRTHPLACE (City and State or Foreign Country) FAIRFAX, MO.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME JACK O. LOUCKS			13b. MOTHER'S MAIDEN NAME Joyce Brown			14. NAME OF HUSBAND OR WIFE NONE		
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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 ADDRESS JACK O. LOUCKS - MAITLAND, MO.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstruction Intestines Birth						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 7562							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION 6-24-55		19b. MAJOR FINDINGS OF OPERATION Obstruction small intestines						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) St Joseph Buch Mo.	
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 Congenital	

22. I hereby certify that I attended the deceased from **6-16-55**, 19**55**, to **7-2-55**, 19**55**, that I last saw the deceased alive on **7-2**, 19**55**, and that death occurred at **3:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. E. Petersen M.D.			23b. ADDRESS St Joseph Mo.			23c. DATE SIGNED 7-2-55		
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-3-1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Mound City, Mo.			
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DATE REC'D BY LOCAL REG. July 5, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison		485 25. FUNERAL DIRECTOR'S SIGNATURE James Crawford		ADDRESS Mound City, Mo.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1955
AUG 3 9 00 AM

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 *James Crawford*
Licensed Embalmer No. *479*
P. O. Address *Moundville*

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.