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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1955

State File No. 21542

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty township		c. LENGTH OF STAY (in this place) 2 yrs.	c. CITY OR TOWN North Kansas City, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION I.O.O.F. Hospital		f. STREET ADDRESS (If rural, give location) 4429 North Agnes	

3. NAME OF DECEASED (Type or Print) a. (First) Minneola b. (Middle) F. c. (Last) Loughrey			4. DATE OF DEATH (Month) (Day) (Year) July 5 1955		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 22, 1872		9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Clay County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Clarrington Fugitt		13b. MOTHER'S MAIDEN NAME Menervia Lee		14. NAME OF HUSBAND OR WIFE Hugh B. Loughrey	
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 H. R. Loughrey Kansas City North, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 4500 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tic Doleureux		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 2 mo. 5 mo.	
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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) (m.)		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 **April, 1954** to **July 4, 1955**, that I last saw the deceased alive on **July 4, 1955**, and that death occurred at **2:00 pm** from the causes and on the date stated above.

23a. SIGNATURE **Wm H Garrison MD** (Degree or title) 23b. ADDRESS **Liberty, Mo** 23c. DATE SIGNED **7/7/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July 7, 1955** 24c. NAME OF CEMETERY OR CREMATORY **Mount Memorial Cem.** 24d. LOCATION (City, town, or county) (State) **Liberty, Missouri**

DATE REC'D BY LOCAL REG. **July 11, 1955** REGISTRAR'S SIGNATURE **Nabel Graham** 491 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Tyler-Baby Funeral Home Liberty, 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 *Charles F. Tyler*.....

Licensed Embalmer No. *452*

P. O. Address *Liberty*.....

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.