

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED SEP 12 1955

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 337

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. Institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson Mo</u>	
c. LENGTH OF STAY (In this place) <u>8 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>213 Hairy</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Mo Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred.</u> b. (Middle) <u>Henry</u> c. (Last) <u>Loos</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5 1955</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 2 1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) <u>Retired Seaman</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Jackson Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Joseph Zimmer</u>	13b. MOTHER'S MAIDEN NAME <u>Helenette Loos</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie M. Henry Loos</u>
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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) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fred H. Loos</u> ADDRESS <u>Jackson 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> <u>Prod. Man</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asthma and</u> DUE TO (c) <u>Residual ulcer</u>		
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"/>
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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) <u>241X</u>
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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?
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22. I hereby certify that I attended the deceased from Sept 7-1-55, to Sept 5, 1955, that I last saw the deceased alive on Sept 5, 1955, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. R. Schaefer M.D.</u>	23b. ADDRESS <u>Jackson Mo</u>	23c. DATE SIGNED <u>Sept 6 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 7 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Russell Wright</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-7-55</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	FEDERAL DIRECTOR'S SIGNATURE <u>44-2 McComb</u>	ADDRESS <u>Jackson Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 3 1951

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 B. R. Meyer

Licensed Embalmer No. 305-1

P. O. Address Jackson 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.