

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

1853

FILED JAN 18 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 2

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|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| a. COUNTY <u>Lawrence</u> | b. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Vernon</u> | a. STATE <u>Missouri</u> | b. COUNTY <u>Christian</u> |
| c. LENGTH OF STAY (in this place) <u>2573 days</u> | | c. CITY OR TOWN <u>Chadwick</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>Mo. State Sanatorium</u> | | e. STREET ADDRESS (If rural, give location) <u>0,220</u> | |

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|-----------------------------------------------|-----------------------------|--------------------------|----------------------------|-------------------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Thomas</u> | b. (Middle) <u>A.</u> | c. (Last) <u>Loomis</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13, 1956</u> |
|-----------------------------------------------|-----------------------------|--------------------------|----------------------------|-------------------------------------------------------------------------|

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|------------------------------|-----------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|--------------------------------------------|--------------------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>Dec. 17, 1887</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|------------------------------|-----------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|--------------------------------------------|--------------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming -- Fruit picking</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Howard Loomis</u> | 13b. MOTHER'S MAIDEN NAME <u>Frances Shipman</u> | 14. NAME OF HUSBAND OR WIFE |
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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>No</u> | 16. SOCIAL SECURITY NO. <u>500-10-2247</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>San.records, Mo.S.S.,Mt.Vernon, Mo.</u> | ADDRESS |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor pulmonale</u> | | <u>many months</u> |
| | ANTECEDENT CAUSES DUE TO (b) <u>Far advanced pulmonary tuberculosis and silicosis</u> DUE TO (c) | | <u>abt. 7 1/2 yrs</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>002X</u> | | | |

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| 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) |
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|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 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 12 - 26 - 19 48, to 1 - 13 - 19 56, that I last saw the deceased alive on 1 - 13 - 19 56, and that death occurred at 10:10am., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>C. Hellweg M.D.</u> | 23b. ADDRESS <u>Mt. Vernon, Mo.</u> | 23c. DATE SIGNED <u>1-13-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>1-13-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Chadwick Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Chadwick, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>1-13-56</u> | REGISTRAR'S SIGNATURE <u>Paul Hendricks 4110</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Harris</u> | ADDRESS <u>Clever, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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.....
J. Mean Harris

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, OH*

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.