

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2261**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 70			
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Wyoming b. COUNTY Platte					
b. CITY OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 10 days		c. CITY OR TOWN Wheatland		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				STREET ADDRESS (If rural, give location) 08 301					
3. NAME OF DECEASED (Type or Print) a. (First) Maybelle b. (Middle) HANNAH c. (Last) LOOMIS			4. DATE OF DEATH (Month) (Day) (Year) Jan 13 1956						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Sept-10 1886			
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Hours		IF UNDER 15 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Cole Camp Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Henry L. Damon			13b. MOTHER'S MAIDEN NAME Mary Frances Earhart		14. NAME OF HUSBAND OR WIFE Fred Loomis				
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 Carl Damon		ADDRESS Sedalia			
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, assthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute lymphatic leukaemia				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) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2040					
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)		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 1-6 , 19 56 , to 1-13 , 19 56 , that I last saw the deceased alive on 1-13 , 19 56 , and that death occurred at 2:25P m., from the causes and on the date stated above.									
23a. SIGNATURE Chas. Parker Stauffer M.D. (Degree or title)				23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 1-13-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-14-56		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Wheatland Wyo.			
DATE REC'D BY LOCAL REG. 1-13-56		REGISTRAR'S SIGNATURE Lavinia Boyd, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Mc Laughlin Bros		ADDRESS Sedalia			

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

(Licensed Embalmer's Statement on Reverse Side)

1958 AUG 8

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 *K.P.M. Gray*.....

Licensed Embalmer No. *315*

P. O. Address *Sedalia*.....

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.