Health, Welfare Public Service

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FILED SEP 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31843
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6072 Registrar's No. 329

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |
|---|---|
| a. COUNTY St Francois | a. STATE Missouri b. COUNTY St Francois |
| b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Pendleton Twsp. Inside Limits Yes ☐ No ☒ | c. CITY OR TOWN Farmington 0940 Inside Limits Yes ☐ No ☒ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Farmington R.R. 1 Length of stay in Hospital | d. STREET ADDRESS (If outside, give location) R.R. # 1 Reside on Farm Yes ☒ No ☐ |

3. NAME OF DECEASED (Type or print): First WILLIAM Middle JOSEPH Last LOUGHLIN

4. DATE OF DEATH: Month Sept Day 7 Year 1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: April 17, 1877

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 4, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Iron Mountain, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Loughlin

14. MOTHER'S MAIDEN NAME: Mary Commins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 499-40-5106

17. INFORMANT: Laura Loughlin, Farmington R.R. 1, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Myocardial Infarction | 2 hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Coronary Thrombosis | 2 hours |
| DUE TO (c) | Generalized Arteriosclerosis | 10 years |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 420.1

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month; Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct. 1954 to Sept 7, 1956 and last saw him alive on Sept. 7/56

Death occurred at 10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Alvan Harroker M.D. (Degree or title)

22b. ADDRESS: Farmington, Mo.

22c. DATE SIGNED: Sept 11/56

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 9/10/56

23c. NAME OF CEMETERY OR CREMATORY: New Calvary Cemetery

23d. LOCATION (City, town, or county) (State): Farmington, Mo.

24. FUNERAL DIRECTOR ADDRESS: Miller Funeral Home, Farmington, Mo.

25. DATE RECD. BY LOCAL REG.: Sept. 11, 1956

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

289 0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Paul K Dugal.....

Licensed Embalmer No. 412

P. O. Address Farmingt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.