

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37111**

No. 306
10.48

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1219**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. _____ b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 6 weeks	c. CITY OR TOWN King city
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 0387	

3. NAME OF DECEASED (Type or Print) a. (First) Dora b. (Middle) Janet c. (Last) Loest, (LOEST)			4. DATE OF DEATH (Month) (Day) (Year) 11.17.1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 4.4.1883	9. AGE (in years last birthday) 73	IF UNDER 1 YEAR Months 8 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) Gentry Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Aquilino Rizzie	13b. MOTHER'S MAIDEN NAME Pauline Kaiser	14. NAME OF HUSBAND OR WIFE Laundry Loest
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Charlet McCreary ADDRESS Mayville 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion		
	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.			

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 **10-5-1956** to **11-17-1956**, that I last saw the deceased alive on **11-17-1956** and that death occurred at **10:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. J. H. Fessenden (Degree or title)	23b. ADDRESS St. Joseph Mo.	23c. DATE SIGNED 11-20-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11.20.1956	24c. NAME OF CEMETERY OR CREMATOR King City
		24d. LOCATION (City, town, or county) (State) King City Mo.

DATE REC'D BY LOCAL REG. Nov 21, 1956	REGISTRAR'S SIGNATURE Catherine M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE R. A. Taggart ADDRESS King City Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

850

256

1957

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 *R. G. Taggart*

Licensed Embalmer No. 2563

P. O. Address King City

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.