

FILED APR 2-1957

STANDARD CERTIFICATE OF DEATH

8059

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>			c. CITY OR TOWN <u>Vienna</u> - 630		
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL <u>Chas. E. Still Osteopath.</u> <u>26 days</u>			d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Russell</u> Last <u>Louderback</u>			4. DATE OF DEATH Month <u>March</u> Day <u>23</u> Year <u>1957</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October 26, 1900</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman Telephone Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone Co.</u>		11. BIRTHPLACE (City and state or country) <u>Ray County, Missouri</u>	
13. FATHER'S NAME <u>John William Louderback</u>			14. MOTHER'S MAIDEN NAME <u>Burry, Alice</u>		
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>497-05-7719</u>		17. INFORMANT <u>Richard Louderback, Crystal City, Mo.</u> Address <u>1022 Kennel St</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u> <u>Thrombophlebitis l. leg.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Carcinoma of prostate 463xH</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>2/26/57</u> to <u>3/23/57</u> and last saw her alive on <u>3/23/57</u> Death occurred at <u>5:12 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>R. A. Michael, M.D.</u>			22b. ADDRESS <u>Jefferson City</u>		22c. DATE SIGNED <u>3/23/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>26 Mar 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Vienna Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Vienna Missouri</u>
24. GENERAL DIRECTOR <u>W. C. Birmingham</u>		ADDRESS <u>Vienna</u>		25. DATE RECD. BY LOCAL REG. <u>25 March 1957</u>	26. REGISTRAR'S SIGNATURE <u>R. P. Norris, MD-DR</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard certificate. Caroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Caroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1957

1957 OCT 11

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 *M. Birmingham*

Licensed Embalmer No. *366*

P. O. Address *Vienna*

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