

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**9365**

STATE FILE NUMBER

**FILED APR 10 1957**

Registration District No. 000 Primary Registration District No. 4315 Registrar's No. 39

Health,  
Welfare  
Public  
Service

300  
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

185  
6

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)					
a. COUNTY <u>Macon</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>La Plata</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Macon</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>----</u>		Length of stay in lb <u>55 Yrs</u>		c. CITY OR TOWN <u>La Plata</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. STREET ADDRESS <u>----</u>				(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print)				<b>4. DATE OF DEATH</b>					
First <u>FREDERICK</u>		Middle <u>TALBOT</u>		Last <u>LOUCH</u>		Month Day Year <u>March 28, 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>Feb 8, 1883</u>			
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>20</u>		IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u><del>498-05-8479</del></u>		11. BIRTHPLACE (City and state or country) <u>Alexis Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13. FATHER'S NAME <u>Albert T. Louch</u>				14. MOTHER'S MAIDEN NAME <u>Mary J. Talbot</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>498-05-8479</u>		17. INFORMANT <u>Mrs Nina Louch</u>			Address <u>La Plata, Mo.</u>	
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>332x</u>							INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u> <u>6 yrs.</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. Month _____ Day _____ Year _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Jan 1, 1956</u> to <u>March 28, 1957</u> and last saw her alive on <u>3/28/57</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Harold A. Child</u> (Degree or title)				22b. ADDRESS <u>La Plata Mo.</u>				22c. DATE SIGNED <u>3/28/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar 31, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>La Plata, Missouri</u>			
24. FUNERAL DIRECTOR <u>Clemens M. Wilson</u>				25. DATE RECD. BY LOCAL REG. <u>Apr 2 1957</u>		26. REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>			

(Licensed Embalmer's Statement on Reverse Side)

County File No. 157.50  
Date Filed 4.9.57

MAR 27 1958

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 *Kenneth M. Wilson*

Licensed Embalmer No. 4701

P. O. Address La Plata, Mo

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.