

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17189

STATE FILE NUMBER  
2203

FILED MAY 29 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300  
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN NORTH OF PARKVILLE Box 218
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. MARY'S HOSPITAL		Length of stay in 1b FEW MINUTES	d. STREET ADDRESS WEATHERBY LAKE
			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MIDDLE Last CHESTER B. LOFFLIN			4. DATE OF DEATH Month Day Year MAY. 9 - 1957		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 8 - 1909	9. AGE (In years last birthday) 48	10. FUNDER 1 YEAR	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARAGE SUPERVISOR	10b. KIND OF BUSINESS OR INDUSTRY VELVET FREEZE, INC.	11. BIRTHPLACE (City and state or country) ST. JOSEPH, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JOHN LOFFLIN	13b. MOTHER'S MAIDEN NAME MABLE DAVIS	14. NAME OF HUSBAND OR WIFE MRS. ETHEL LOFFLIN
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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. 510-05-5919	17. INFORMANT MRS. ETHEL LOFFLIN	Address R. R. # 2 Box 218 PARKVILLE, MISSOURI
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Amyloidosis, Primary		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)		2891
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK 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
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21. I attended the deceased from Jan 5, 1955 to May 9-57 and last saw him alive on May 7, 1957 Death occurred at 10:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) W. J. Stelmach M.D.	22b. ADDRESS 7951 State Hwy	22c. DATE SIGNED 5-10-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 13 - 1957	23c. NAME OF CEMETERY OR CREMATORY JOHNSON COUNTY MEM. GARDENS - JOHNSON COUNTY, KANSAS	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS	ADDRESS 1331 BAUGH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 5-11-57	26. REGISTRAR'S SIGNATURE neva minchell
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
W. J. Stelmach

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

