

Health,  
Welfare  
Public  
Service

300  
1-56

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

Item 3 can be effort of final dis 6-25-57

Filed Jun 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18008  
STATE FILE NUMBER  
40

Registration District No. 236 Primary Registration District No. 5718 Registrar's No. 40

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	MORGAN	a. STATE	KANSAS
b. CITY (If outside corporate limits, give TOWNSHIP only)	Mill Creek	b. COUNTY	SHAWNEE
OR TOWN	Mill Creek	c. CITY OR TOWN	TOPEKA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	1 mile East Syracuse	d. STREET ADDRESS	3209 GIRARD
Length of stay in 1b		(If outside, give location)	
		Reside on Farm	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
MARCIA First Middle Last		MAY 31, 1957	
<del>MARSHA</del> KATHLEEN LOETHEN			
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH
FEMALE	WHITE	Child	FEB. 26, 1951
9. AGE (In years last birthday)	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
6	none	MARCELINE, MO.	U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
none		MARCELINE, MO.	U.S.A.

13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
WAYNE DOUGLAS LOETHEN		KATHLEEN RATCLIFF	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		none	
17. INFORMANT		Address	
Harold Loethen - Henley, Mo.			

18. CAUSE OF DEATH [Enter only one cause per line for (a); (b); and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) Fractured Skull right Base		Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		
19. WAS AUTOPSY PERFORMED?		2
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

20a. ACCIDENT <input checked="" 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.)
	automobile accident
20c. TIME OF INJURY	
9:15 P.M.	
Hour Month, Day, Year	
9-31-57	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
	1 mile East of Syracuse	Highway 50	Morgan	Mo.
21. I attended the deceased from _____ to _____ and last saw her alive on _____				
Death occurred at 9:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title)		22b. ADDRESS		22c. DATE SIGNED
J. J. Hull Deputy Coroner		Versailles Mo.		6/17/57

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)
Removal	June 4, 1957	Mt. Olivet Cemetery	Marceline, Mo.
24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Miller-Jillotson, F. H.	Marceline, Mo.	6-17-57	J. L. Washburn

APR 26 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 *Richard D. Conn*

Licensed Embalmer No. *472*

P. O. Address *Jupton*

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.