t. Health, , & Welfare S. Public th Service

S. 300 v. 1-57

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 40959

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): HIGGINSVILLE — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 305 W. BROADWAY — Length of stay in 1b: —

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: LAFAYETTE
c. CITY OR TOWN: HIGGINSVILLE — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 722 FAIRGROUND — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First HENRY Middle — Last LOCH

4. DATE OF DEATH: Month DEC. Day 1 Year 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: MARCH 19 1885

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 8 Days 13 — IF UNDER 24 HRS.: Hours 6 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINING

10b. KIND OF BUSINESS OR INDUSTRY: COAL

11. BIRTHPLACE (City and state or country): GERMANY

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: NICHOLAS LOCH

13b. MOTHER'S MAIDEN NAME: MARY JANSEN

14. NAME OF HUSBAND OR WIFE: —

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.: 500-10-8268

17. INFORMANT: Arthur R. Loch Address: HIGGINSVILLE MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Circulatory Failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Decompensated Hypertensive Heart Disease	5 yrs.
DUE TO (c)	Arterio sclerosis	D.K.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 443X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 Oct. 4, 1953, to Dec 1, 1957 and last saw him alive on Nov. 30, 1957
Death occurred at Six a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edwin J Wilson D.O.

22b. ADDRESS: 1815 Main Higginsville, Mo.

22c. DATE SIGNED: 12/2/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-4-1957

23c. NAME OF CEMETERY OR CREMATORY: St Mary's Cem

23d. LOCATION (City, town, or county) (State): Higginsville, Mo.

24. FUNERAL DIRECTOR: G J Haden **ADDRESS**: HIGGINSVILLE MO

25. DATE RECD. BY LOCAL REG.: 12-4-57.

26. REGISTRAR'S SIGNATURE: Marie D Bailey

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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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 ..... Signed Wm. L. Thurman

Signature of Student Embalmer

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.