

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43734

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 5183 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Byrd		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Jackson		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson			Length of stay in lb 25 Yrs.		d. STREET ADDRESS 2 Miles E. Jackson			(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Herman Middle Loos Last Loos				4. DATE OF DEATH Month Dec. Day 9, Year 1957				
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 Dec. 5 1885		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 72 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Milling Co.		11. BIRTHPLACE (City and state or country) Jackson Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Herman Loos				14. MOTHER'S MAIDEN NAME Mary Deimund				
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.		17. INFORMANT Oscar Loos Address Jackson, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apoplexy Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) None DUE TO (c) None							INTERVAL BETWEEN ONSET AND DEATH about 6 hrs Not known	
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) 334X					
20c. TIME OF INJURY Hour 11:00 Month Dec Day 9 Year 1957 a. m. 00 p. m. 00								
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.) Home		20f. CITY, TOWN, OR LOCATION Jackson		COUNTY Mo. STATE Mo.		
21. I attended the deceased from Dec 1-67 to Dec 9-57 and last saw her alive on Dec 9-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>W. H. Scarborough</i> (Degree or title)				22b. ADDRESS Jackson Mo			22c. DATE SIGNED 12-10-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 10, 1957	23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) (State) Jackson Mo.			
24. FUNERAL DIRECTOR <i>U.C. Cracraft</i> ADDRESS Jackson, Mo.			25. DATE RECD. BY LOCAL REG. 12-19-57		26. REGISTRAR'S SIGNATURE <i>Miford Newcastle</i> Dep.			

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 *Gene C. Cault*.....

Licensed Embalmer No. *431*

P. O. Address *Lawson,*

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.