

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026321
STATE FILE NUMBER

Registration District No. 227 Primary Registration District No. 0-805 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN STOUTSVILLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STOUTSVILLE, MD		Length of stay in lb 58yrs	d. STREET ADDRESS (If outside, give location) RFD 1
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CHRIS JOHN LOUTENSCHLAGER			4. DATE OF DEATH Month Day Year JULY 18th 1958		
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 DECEMBER 11.1872	9. AGE (In years birthday) 85	IF UNDER 1 YEAR Months Day Hours Min. 7 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH (RET)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) RHINELAND, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME CHRISTIAN LOUTENSCHLAGER	13b. MOTHER'S MAIDEN NAME SOPHA LOUISE	14. NAME OF HUSBAND OR WIFE BERTHA L. LOUTENSCHLAGER
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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. NONE	17. INFORMANT <i>Otto Loutenschlager</i> address, <i>Stoutsville MO</i>
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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) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH N.R.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertrophic Prostatitis	DUE TO (c) 610X	
	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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

21. I attended the deceased from June 4-1948 to July 18-1958 and last saw him alive on July 8-1958
Death occurred at 8:00 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>F.A. Barnett, M.D.</i>	22b. ADDRESS <i>Paris, Missouri</i>	22c. DATE SIGNED 7-21-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 20.1958	23c. NAME OF CEMETERY OR CREMATORY STOUTSVILLE CEMETERY	23d. LOCATION (City, town, or county) (State) STOUTSVILLE MISSOURI.
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24. FUNERAL DIRECTOR <i>Wilson & Son</i>	ADDRESS MONROE CITY MO.	25. DATE RECD. BY LOCAL REG. July 21-1958	26. REGISTRAR'S SIGNATURE <i>F.A. Barnett, M.D.</i>
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Leslie P. Wilson

Licensed Embalmer No. 3814

P. O. Address Memphis City

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.