

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028903

STATE FILE NUMBER

FILED SEP 2 1958

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 131

300
1-57

1. PLACE OF DEATH a. COUNTY GRUNOY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GRUNOY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN TRENTON 0480 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 702 W 10th St.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 702 W 10th St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Chloe Middle Felicia Last LOUCERBACK			4. DATE OF DEATH Month Aug Day 22 Year 1958			
5. SEX Female	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 MAR. 2, 1895	9. AGE (In years and (in) day) 63	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housew. fc		10b. KIND OF BUSINESS OR INDUSTRY Home making	11. BIRTHPLACE (City and state or country) Grunoy Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Samuel Tibbetts		13b. MOTHER'S MAIDEN NAME Rosina Westfall		14. NAME OF HUSBAND OR WIFE Ralph Loucerback	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. 488-14-8317		17. INFORMANT Ralph Loucerback Address Trenton 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) General Carcinomatous			INTERVAL BETWEEN ONSET AND DEATH Jan 5 to Aug 22 58
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? 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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE

21. I attended the deceased from **Jan 5-1953**, to **Aug 22-1958** and last saw her/him alive on **Aug 22-1958**
Death occurred at **4: PM** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. Houllers (Degree or title) M.D.		22b. ADDRESS Trenton, Mo		22c. DATE SIGNED 8-26-1958	
---	--	------------------------------------	--	--------------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/26/58		23c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery		23d. LOCATION (City, town, or county) (State) Trenton Missouri	
--	--	-----------------------------	--	---	--	--	--

24. FUNERAL DIRECTOR J. H. Blackman ADDRESS Trenton Mo		25. DATE RECD. BY LOCAL REG. 8/26/58		26. REGISTRAR'S SIGNATURE J. H. Saw	
--	--	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 10 1958

OCT 26 1958

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 *Claude H. Crandall Jr.*

Licensed Embalmer No. *4986*

P. O. Address *Winton, 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: