

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013760  
STATE FILE NUMBER

FILED MAY 13 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 235

300  
-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Webb City 04920
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital		Length of stay in lb 4 days	d. STREET ADDRESS (If outside, give location) 703 W. Broadway
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Maude Leslie Loomis			4. DATE OF DEATH Month Day Year April 29 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 28, 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) McLeansboro Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James F. Leslie	13b. MOTHER'S MAIDEN NAME Lora Casey	14. NAME OF HUSBAND OR WIFE Frank Loomis
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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.	17. INFORMANT Mrs Dorothy Crandall	Address Joplin Missouri
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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) Cardio-Vascular Renal Disease		INTERVAL BETWEEN ONSET AND DEATH Unknown
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"/> 2

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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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.) Joplin,	20f. CITY, TOWN, OR LOCATION Joplin,	COUNTY Jasper,	STATE Missouri
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21. I attended the deceased from Death occurred at	4-26-59 to 4-29-59 and last saw her alive on 4-29-59	4:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE J. E. Kahn, Jr., M.D.	(Degree or title)	22b. ADDRESS 321 Frisco Bldg., Joplin, Mo.	22c. DATE SIGNED 5-1-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-1-59	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	23d. LOCATION (City, town, or county) Joplin	(State) Missouri
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24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, Webb City Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-7-1959	26. REGISTRAR'S SIGNATURE Dorrie Merriam
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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JUL 29 1959

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 *L. J. Lewis Jr.* .....

Licensed Embalmer No. *H. 561* .....  
P. O. Address *Webb City, 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.