

FILED VS JUL 22 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024320
STATE FILE NUMBER

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 326

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff		Length of stay in 1b 1 1/2 Years	d. STREET ADDRESS (If outside, give location) 2531 N. 14th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jeffrey Middle Dale Last Loafman			4. DATE OF DEATH Month June Day 28 Year 1959.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 9, 1957	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 8 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Clarence J Loafman		13b. MOTHER'S MAIDEN NAME Mary Evelyn Nunn		14. NAME OF HUSBAND OR WIFE Child	
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 Address Bluff Mrs. Clarenc J. Loafman, Poplar		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral concussion with Basalar skull fracture. multiple injuries including lacerations and blood loss.					INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Shock Traumatic					
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 checked="" 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.) automobile accident, occupant of a car.			
20c. TIME OF INJURY Hour 6-2-59 Month, Day, Year p.m. 3:15 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Road			
20e. CITY, TOWN, OR LOCATION 6-28-59		20f. COUNTY Campbell, Dunklin, Mo.		STATE 6-28-59	
21. I attended the deceased from 6:00 P. M. to 6:00 P. M. and last saw her alive on 6-28-59					
22a. SIGNATURE (Degree or title) Harden Oberucher MD			22b. ADDRESS 215 Oak Poplar Bluff Mo		22c. DATE SIGNED 7-6-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 1, 1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens		23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri
24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Chapel, Poplar Bluff			25. DATE RECD. BY LOCAL REG. 7/11/59	26. REGISTRAR'S SIGNATURE R. M. Metree	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

RECEIVED
JUL 17 1959
BUTLER CO. HEALTH CENTER

FILE No. _____

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 Edgar W. Laffoon
Licensed Embalmer No. 3394
P. O. Address Piquette, Mich.

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.