

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029767

FILED **VS** AUG 31 1959
207

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **22**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Maries b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dry Creek Twp. Length of stay in 1b 8Yrs c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries c. CITY OR TOWN Vienna, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) Dry Creek Twp. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Daniel Middle _____ Last Loupe			4. DATE OF DEATH Month Aug. Day 6, Year 1959.				
5. SEX Male	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 2/7/1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months 5 Days 29	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Maries County		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jim Loupe			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Fannie Loupe	
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 Sarah Robertson, Vienna, 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) Bronchial pneumonia 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) Decubitus ulcers. Amputation of leg due to endarteritis obliterans 2 months ago.						INTERVAL BETWEEN ONSET AND DEATH 1 week	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. Month, Day, Year _____		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.) _____			
20f. CITY, TOWN, OR LOCATION _____		COUNTY _____		STATE _____			
21. I attended the deceased from July 20, 1959 to Aug 5, 1959 and last saw her alive on Aug 5, 1959 Death occurred at 1:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Ruby Gates</i> (Degree or title) D.O.				22b. ADDRESS Dixon, Mo.		22c. DATE SIGNED 8-8-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE 8/8/59		23c. NAME OF CEMETERY OR CREMATORY Hughes Chapel		23d. LOCATION (City, town, or county) (State) Maries County, Mo.			
24. FUNERAL DIRECTOR ADDRESS <i>W.C. Birmingham</i>			25. DATE RECD. BY LOCAL REG. <i>Aug 10</i>		26. REGISTRAR'S SIGNATURE <i>Myrtle Hutchison</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

M. P. Birmingham

Licensed Embalmer No. 366

P. O. Address Genoa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.