

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033472

FILED VS. OCT 13 1959 316

Registration District No. _____ Primary Registration District No. 3057 Registrar's No. 378

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois				
b. CITY (If outside corporate limits, give TOWNSHIP only) Bonne Terre		Length of stay in 1b 2 Wks		c. CITY OR TOWN Desloge,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 105 S. 4th. St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ODAS HARVEY LOUGHARY				4. DATE OF DEATH Month Day Year Oct- 4- 1959				
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 11-20-1903	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min. 10 14	IF UNDER 24 HR Hours Min. 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired miner			10b. KIND OF BUSINESS OR INDUSTRY lead		11. BIRTHPLACE (City and state or country) Esther, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William L. Loughary			13b. MOTHER'S MAIDEN NAME Mary C. Westmoreland			14. NAME OF HUSBAND OR WIFE Katherine Wallen		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Mrs. Katherine Loughary Desloge Mo			Address Desloge, 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) Cerebral embolus								INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple cardiac mural thrombi								
DUE TO (c) Hypertensive cardiovascular disease								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Arteriolar-nephro sclerosis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 s.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 Aug. 1956 to Oct. 4, 1959 and last saw her/him alive on Oct. 4, 1959 Death occurred at 12:46 A. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Katherine Loughary</i>				22b. ADDRESS Bonne Terre, Mo.			22c. DATE SIGNED 10-5-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct- 6-1959	23c. NAME OF CEMETERY OR CREMATORY Eidson Cemetery		23d. LOCATION (City, town, or county) Bellevue, Mo.			(State)
24. FUNERAL DIRECTOR Murphy L. Sparks Flat River, Mo.				25. DATE RECD. BY LOCAL REG. Oct. 5, 1959		26. REGISTRAR'S SIGNATURE <i>Ethel Rudloff</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

myself and my assistant, Student Embalmer No. 589

working under my personal supervision.

Student Richard G. Leves
Signature of Student Embalmer

Signed Murphy Lambert

Licensed Embalmer No. 42356

P. O. Address Flat 100

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.