

**FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-005229**

**FILED VS MAR 7 1960**

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 248 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Length of stay in 1b	c. CITY OR TOWN <u>Maitland</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Methodist Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>PETER</u> Middle <u>L</u> Last <u>LOUCKS</u>			4. DATE OF DEATH Month <u>February</u> Day <u>22</u> Year <u>1960</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-31-1881</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and state or country) <u>Holt County, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Abraham Loucks</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Iddings</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Gertrude Loucks</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>496-42-0565</u>	17. INFORMANT Address <u>Mrs. Gertrude Loucks, Maitland, Mo.</u>
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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) <u>Thrombosis i right middle cerebral artery</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
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)	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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 2/17/60 to 2/22/60 and last saw <sup>her</sup>him alive on 2/22/60  
Death occurred at 5:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Caryl G. Foltz, M.D.</u> (Degree or title)	22b. ADDRESS <u>Phy. &amp; Surg. Bldg, St. Joseph, Mo</u>	22c. DATE SIGNED <u>2-24-60</u>
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23a. BURIAL, CREMATION, REMOVAL (specify) <u>Burial</u>	23b. DATE <u>2-25-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	23d. LOCATION (City, town, or county) (State) <u>Skidmore, Mo.</u>
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24. FUNERAL DIRECTOR <u>G.M. Atchison, Maryville, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Mar. 2, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>
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DOCUMENT BY AFFIDAVIT OF C.A. Potter, Jr., M.D. MEDICAL CERTIFICATION

**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 George M. Atchison Jr. Student Embalmer No. 600

working under my personal supervision.

Student George M. Atchison Jr.  
Signature of Student Embalmer

Signed

G M Atchison

Licensed Embalmer No. 2279

P. O. Address Monroe

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.