URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

-60-009545

STATE FILE NUMBER

ENDED

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Sullivan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Milan — Length of stay in 1b 50 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Sullivan
c. CITY OR TOWN Milan — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: James Sylvester Loder

4. DATE OF DEATH Month Day Year: 2 12 1960

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-29-1884
9. AGE (last birthday): 77 — IF UNDER 1 YEAR Months 5 Days 13 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (City and state or country): Milan - Mo
12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: Issac Loder
13b. MOTHER'S MAIDEN NAME: Sally Miller
14. NAME OF HUSBAND OR WIFE: Ede Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Ede Loder - Milan 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) Cag Stomach c Metastasis — INTERVAL BETWEEN ONSET AND DEATH 6 mo
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION: Milan — COUNTY: Sullivan — STATE: Mo.

21. I attended the deceased from July 26 1954, to Feb 12, 1960 and last saw ~~her~~ him alive on 2/12/60
Death occurred at 5 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: Milan, Mo
22c. DATE SIGNED: 2/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-14-60
23c. NAME OF CEMETERY OR CREMATORY: Oakwood Cem.
23d. LOCATION (City, town, or county) (State): Milan Mo.

24. FUNERAL DIRECTOR: Schoenes Dwight Schoen — ADDRESS: Milan Mo
25. DATE RECD. BY LOCAL REG.: 2-15-60
26. REGISTRAR'S SIGNATURE: Mrs. M. W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Dwight Schoene

Signature of Student Embalmer

Licensed Embalmer No. 2667

P. O. Address Nelson - N

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