

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 17 1960

60-033908

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1045

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>	Length of stay in 1b <u>3 Years</u>	c. CITY OR TOWN <u>St. Joseph</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>719 South 22nd St.</u>		d. STREET ADDRESS (If outside, give location) <u>719 South 22nd St.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <u>George</u> Middle <u>Amos</u> Last <u>Loeffler</u>			<b>4. DATE OF DEATH</b> Month <u>October</u> Day <u>3</u> Year <u>1960</u>			
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>April 2, 1879</u>	<b>9. AGE</b> (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>1</u>	IF UNDER 24 HR Hours <u>1</u> Min. <u>0</u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Contractor (Ret.)</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Plaster &amp; Cement</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Lewis County, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Franklin Jackson Loeffler</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Margaret Jane Ford</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Junetta H. Loeffler</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>Unknown</u>	<b>17. INFORMANT</b> <u>719 South 22nd Street</u> <u>Miss Martha A. Loeffler, City</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Arteriosclerotic Heart disease</u> DUE TO (c) <u>Arteriosclerosis Generalized</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>diabetes mellitus - Benign Prostatic hyperplasia</u>		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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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour <u>9:00</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Month, Day, Year <u>12-17-59</u>	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
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<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	COUNTY	STATE
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21. I attended the deceased from 12-17-59 to 9-16-60 and last saw him alive on 5-28-60  
 Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>Irwin I. Rosenthal M.D.</u>	<b>22b. ADDRESS</b> <u>St Joseph Mo</u>	<b>22c. DATE SIGNED</b> <u>10-5-60</u>
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<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>Oct. 7, 1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Forest Grove Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Canton, Missouri</u>
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<b>24. FUNERAL DIRECTOR</b> <u>Wm. H. Alexander</u>	ADDRESS <u>St. Joseph, Mo.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>Oct. 10, 1960</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Mr. Clark Goodell</u>
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DOCUMENT

CERTIFICATION

BY AFFIDAVIT OF

I. I. Rosenthal, M.D.

**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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph

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.