

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035678

STATE FILE NUMBER

Registration District No. 6254 Primary Registration District No. 370 Registrar's No. 71

AMENDED

FILED OCT 5 1961

DATE AMENDED

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Wayne</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>441 N. Intersexion Hwy</u><br>TOWN <u>Fredericton Mo.</u> |  | c. CITY OR TOWN <u>Jackson Mo.</u>   |  |
| Length of stay in lb <u>342 67</u>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION   |  | d. STREET ADDRESS (If outside, give location)<br><u>121 E. Washington</u>  |  |
| Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |

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|---|-------------------------------|--|--|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>Henry Adam Loos</u>  |                               |  | 4. DATE OF DEATH<br>Month Day Year<br><u>Sept. 22 - 1961</u> |  |   |
| 5. SEX<br><u>M.</u>   | 6. COLOR OR RACE<br><u>W.</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/><br><u>Married</u> | 8. DATE OF BIRTH<br><u>3-31-1909</u>                         | 9. AGE (last birthday)<br><u>52</u>                              | IF UNDER 1 YEAR<br>Months <u>5</u> Days <u>21</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Manager Coca Cola Plant</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Making Soda</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>Jackson Mo.</u> |   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |                               | 13a. FATHER'S NAME<br><u>Adam H. Loss.</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary E. Koehler</u>              |   |
| 14. NAME OF HUSBAND OR WIFE<br><u>Gretchen Milde Loos</u>   |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of ser)<br><u>Yes W.W.2</u>  |  | 16. SOCIAL SECURITY NO.  |   |
| 17. INFORMANT<br><u>Gretchen LOOs Jackson Mo.</u>   |                               | 17. INFORMANT Address  |  |  |   |

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|---|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>myocardial infarction (immediate death)</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>unknown, but probably arteriosclerosis pre-existed</u><br>DUE TO (c) |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |

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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour _____ a.m. _____ p.m.<br>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 I had not been in attendance and last saw her/him alive on \_\_\_\_\_  
Death occurred at 8:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title)<br><u>Kenneth P. Wheeler, D.O.</u> | 22b. ADDRESS<br><u>Fredericton, Mo.</u> | 22c. DATE SIGNED<br><u>9/26/61</u>                           |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>          | 23b. DATE<br><u>9-25-61</u>             | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Russell Heights</u> |
| 23d. LOCATION (City, town, or county)<br><u>Jackson Mo.</u>         |   |  |

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| 24. FUNERAL DIRECTOR<br><u>Deneke Laird Jackson Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>Oct. 4, 1961</u> | 26. REGISTRAR'S SIGNATURE<br><u>Gretta M. Ward</u> |
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INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1961 5 100

**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 R. O. Rain

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

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.