

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036345

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 3211

AMENDED

FILED NOV 9 1961

DATE AMENDED

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>JEFFERSON CITY</u>		Length of stay in 1b <u>1 HR.</u>	c. CITY OR TOWN <u>PURAL JEFFERSON Twp</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>CHAS. F STILL Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>ROUTE 5</u>
3. NAME OF DECEASED (Type or print) First <u>OTTO</u> Middle <u>FREDERICK</u> Last <u>LOESCH</u>		4. DATE OF DEATH Month <u>NOV.</u> Day <u>6</u> Year <u>1961</u>	
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>JAN. 3 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and state or country) <u>COLE COUNTY MO.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>BENJAMIN LOESCH</u>	
13b. MOTHER'S MAIDEN NAME <u>AUGUSTA LOESCH</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA LOESCH</u>	
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. 17. INFORMANT <u>EMMA LOESCH JEFFERSON CITY MO.</u>	

INSTEAD OF

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>PERICARDIAL TAMPONADE</u>		<u>3 hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>RIGHT ATRIAL HEMORRHAGE</u>	<u>3 hr</u>
	DUE TO (c) <u>CHRONIC MITRAL STENOSIS</u>	<u>10 yr</u>
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

19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 <u>8:15 A.M.</u> 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 <u>8:15 A.M.</u> to <u>1:10 P.M.</u> and last saw him alive on <u>11-7-61</u> Death occurred at <u>1:10 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Em. Schubert D.O.</u>	22b. ADDRESS <u>Russellville, Mo</u>	22c. DATE SIGNED <u>11-7-61</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>NOV. 9 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN'S CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>COLE COUNTY MO.</u>
24. FUNERAL DIRECTOR <u>Cruver-Stevenson</u>	ADDRESS <u>Russellville Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8 November 1961</u>	26. REGISTRAR'S SIGNATURE <u>RP Norris M.D. Richter, M.D.</u>

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 1 1961 SA

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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 J. L. Stover
Licensed Embalmer No. 4073

P. O. Address Stover 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.