

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036346

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 5305 Registrar's No. 7

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE NOT ALLOWED

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 Mo</u>		Length of stay in 1b	c. CITY OR TOWN <u>Jefferson City</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>R#3 Liberty Township</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R#3 Liberty Township</u>
3. NAME OF DECEASED (Type or print) First <u>PETER</u> Middle <u>-</u> Last <u>LOOTENS</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>30</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>5/2/78</u>
9. AGE (last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u>	IF UNDER 24 HR Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired U.S. Corps Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gov. Mo.</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A</u>
12. FATHER'S NAME <u>Edward Lootens</u>		13. MOTHER'S MAIDEN NAME <u>Philomena Van Loos</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Schleiter</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. <u>none</u>	17. INFORMANT <u>Mr. Clara Lootens R R #5 J.C. Mo.</u>
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>Myocardial Failure</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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) <u>Chlamydia</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
19. WAS AUTOPSY PERFORMED? 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 Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>Dec. 1958</u> to <u>October 30, 1961</u> and last saw him alive on <u>Oct. 18, 1961</u> Death occurred at <u>12:15 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. A. Casman MD</u>		22b. ADDRESS <u>Jefferson City, Mo.</u>	22c. DATE SIGNED <u>10-30-61</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/2/61</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>St. Francis Xavier, Mo.</u>	23d. LOCATION (City, town, or county) (State) <u>J.C. Mo.</u>
24. FUNERAL DIRECTOR <u>Sylvester Dulle</u>		ADDRESS <u>J.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3 November 1961</u>
26. REGISTRAR'S SIGNATURE <u>R. Harris - Richter Reg.</u>			

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

1961 3 NOV SA

YS DEC 1 1961

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 Sylvester A. Fuller

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.