

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043956

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 22 Primary Registration District No. 5289 Registrar's No. 220

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clay				
b. CITY (If outside corporate limits, give TOWNSHIP only) Gladstone		Length of stay in 1b 13 Years		c. CITY OR TOWN Gladstone		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1307 E. 57th Terr. North				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1307 E. 57th Terr North		
3. NAME OF DECEASED (Type or print) First Middle Last James R. Loudon Sr.				4. DATE OF DEATH Month Day Year Dec. 11 1961				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-26-1914	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver Greyhound Bus Lines			10b. KIND OF BUSINESS OR INDUSTRY Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME Clarence E. Loudon			13b. MOTHER'S MAIDEN NAME Pearl F. Wright		14. NAME OF HUSBAND OR WIFE Betty Loudon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes; W. W. 2				17. INFORMANT Address Carl Kerr Parkville, 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) Myocardial Infarction						INTERVAL BETWEEN ONSET AND DEATH 30 Min		
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. <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 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 _____ to _____ and last saw her/him alive on _____. Death occurred at 10:45 A. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Walter L. Sportman MD</i>			(Degree or title)			22b. ADDRESS <i>8700 No 10th KC 18, Mo.</i>		
22c. DATE SIGNED 12-12-61								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-11-1961		23c. NAME OF CEMETERY OR CREMATORY White Chapel Memorial Gdns.		23d. LOCATION (City, town, or county) (State) Gladstone, Mo.		
24. FUNERAL DIRECTOR Earp & Sons Kansas City, Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. 12-13-61		26. REGISTRAR'S SIGNATURE <i>Marguerite Hodgson</i>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

On Receipt

JAN 3 1962

DEC 19 1961

SEP 27 1962

MAY 1 1963

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 *Glenn H. Hill*

Licensed Embalmer No. 4586

P. O. Address R. C. 18, 2nd

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.