

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044010
STATE FILE NUMBER

Registration District No. 80 Primary Registration District No. 5306 Registrar's No. 16

AMENDED

FILED JAN 2 1962

| | | | |
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| 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) OR TOWN <u>RURAL MARION TWP</u> Length of stay in 1b <u>4 MONTHS</u> | | c. CITY OR TOWN <u>LOHMAN MO.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LOHMAN MO</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>R.F.D #1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>ANN</u> Middle <u>LOESCH</u> Last <u>LOESCH</u> | | | 4. DATE OF DEATH Month <u>DEC.</u> Day <u>27</u> Year <u>1961</u> |
| 5. SEX <u>FEMALE</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>SEPT. 8 1898</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u> | 11. BIRTHPLACE (City and state or country) <u>JEFFERSON CITY MO.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA.</u> | | 13. FATHER'S NAME <u>BRUNO MUELLER</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>JOHANNA LINHARDT</u> | | 14. NAME OF HUSBAND OR WIFE <u>J. EDWIN 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. <u>NONE</u> | 17. INFORMANT Address <u>ALICE STUBINGER LOHMAN 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>Hypostatic pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Basal ganglia tumor</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic pyelonephritis and calculus of kidney</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>5 1/2 mos</u> |
| 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.) <u>Fell at home</u> | |
| 20c. TIME OF INJURY Hour <u>9:00</u> a.m. Month, Day, Year <u>7-20-61</u> | | 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.) <u>at home</u> | |
| 20f. CITY, TOWN, OR LOCATION <u>Cole County, MO</u> | | COUNTY <u>COLE</u> STATE <u>MO</u> | |
| 21. I attended the deceased from <u>7-20-61</u> to <u>7-27-61</u> and last saw her alive on <u>12-26-61</u> Death occurred at <u>1:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>John W. McHenry MD</u> | | 22b. ADDRESS <u>Jefferson City, MO</u> | |
| 22c. DATE SIGNED <u>12/29/61</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>DEC. 29 1961</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEMETERY</u> | | 23d. LOCATION (City, town, or county) <u>COLE COUNTY MO.</u> | |
| 24. FUNERAL DIRECTOR <u>Scruener Harrison Russellville Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Dec. 29</u> | |
| | | 26. REGISTRAR'S SIGNATURE <u>Minnie Kittenmeyer</u> | |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

STATEMENT BY LICENSED EMBALMER

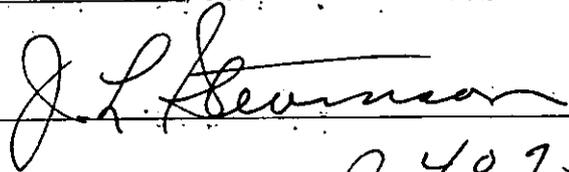
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision,

Student _____

Signature of Student Embalmer

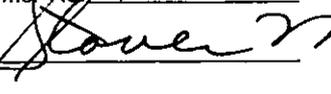
Signed



Licensed Embalmer No.

4073

P. O. Address



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.