

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044855

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

149

Registration District No. 1002

Registrar's No. 6076

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED DEC 22 1961

1. PLACE OF DEATH
 a. COUNTY **JACKSON**
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **KANSAS CITY** Length of stay in 1b **42 DAYS**
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. LUKES HOSPITAL** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **KANSAS** b. COUNTY **JOHNSON**
 c. CITY OR TOWN **PRAIRIE VILLAGE** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **2017 WEST 73rd TERR.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
CHARLES WALLACE LOOMIS **DEC. 1 1961**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **5-17-02** 9. AGE (last birthday) **59** IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **PHARMACIST & OWNER** 10b. KIND OF BUSINESS OR INDUSTRY **PRESCRIPTION SHOP** 11. BIRTHPLACE (City and state or country) **LEXINGTON, MO.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **CHARLES WARREN LOOMIS** 13b. MOTHER'S MAIDEN NAME **ANNIE GREER** 14. NAME OF HUSBAND OR WIFE **MARCELLA LOOMIS**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 17. INFORMANT Address **MRS. MARCELLA LOOMIS, PRAIRIE VILLAGE, MO. 2017 W. 73RD TERR.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Acute Coronary Arteriosclerosis.**
 DUE TO (b) **Coronary Sclerosis.**
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **11/29/61 to 12/1/61** and last saw him alive on **11/30/61**
 Death occurred at **5:45 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **H. P. Boughnon M.D.** 22b. ADDRESS **R.C. Mo** 22c. DATE SIGNED **12-4-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **12-4-61** 23c. NAME OF CEMETERY OR CREMATOR **FLORAL HILLS CEMETERY** 23d. LOCATION (City, town, or county) (State) **KANSAS CITY, MISSOURI**

24. FUNERAL DIRECTOR **D. W. Newcomer's Sons** ADDRESS **1331 Brush Creek Blvd. Kansas City, Mo.** 25. DATE RECD. BY LOCAL REG. **12-4-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

STATEMENT BY LICENSED EMBALMER

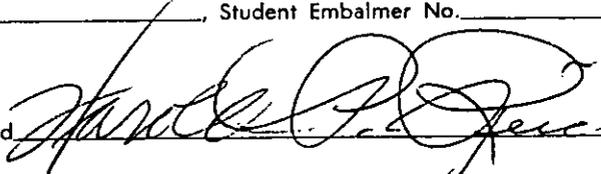
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 4998

P. O. Address Kansas City

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.