

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006337

STATE FILE NUMBER

AMENDED

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 46

FILED FEB 19 1962

DATE AMENDED

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Length of stay in 1b	a. STATE Mo b. COUNTY Henry
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Windsor
707 S. Tebo St		d. STREET ADDRESS (If outside, give location)
		707 S. Tebo

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

3. NAME OF DECEASED (Type or print)	First Harvey	Middle C.	Last Loding	4. DATE OF DEATH	Month 2	Day 10	Year 1962
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5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-22-1888	9. AGE (last birthday) 73	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) Shoe repair + Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Moline, Ill.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John Loding	13b. MOTHER'S MAIDEN NAME Louella Smith	14. NAME OF HUSBAND OR WIFE May Englehart
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 491-20-6049	17. INFORMANT Mrs Waldo Graig - Windsor, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Circulatory Collapse	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Sudden	
DUE TO (b)	Cerebral Vascular Accident 3 weeks	
DUE TO (c)	Arteriosclerosis, Generalized Endophthalmitis	

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.)
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20c. TIME OF INJURY Hour a.m. 10 p.m.	Month, Day, Year			
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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
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21. I attended the deceased from 1956 to Feb. 1962 and last saw him alive on 2-10-62	Death occurred at 2:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE William Smith M.D.	(Degree or title)	22b. ADDRESS 103 W. Colt Windsor, Mo.	22c. DATE SIGNED 2-12-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-12-62	23c. NAME OF CEMETERY OR CREMATORIAL Laurel Oak	23d. LOCATION (City, town, or county) - (State) Windsor, Mo.
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24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG. Feb. 17, 1962	26. REGISTRAR'S SIGNATURE Mildred Bigum by M.B.
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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 \_\_\_\_\_

*Ellen Huston*

Licensed Embalmer No. 3391

P. O. Address *Windsor, NC*

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.