

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009504

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 319 Primary Registration District No. _____ Registrar's No. 11

FILED FEB 19 1962

VS 300
Rev. 4/59

1 0950
2 0950
3
4 0
5 1
6
7 0
8 2
9 9161
10 3
11 095
12 91-3
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST MARYS</u>		Length of stay in 1b <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>STE. GENEVIEVE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST MARYS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.R. #1</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CARL WILLIAM LOIDA</u>		4. DATE OF DEATH Month Day Year <u>FEB 13 1962</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>1/25/23</u>
9. AGE (last birthday) <u>39</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>BLOOMSDALE MO</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>ALBERT LOIDA</u>	
13b. MOTHER'S MAIDEN NAME <u>ROSE J. SCHILLY</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH CARRON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES MAR. 44-46</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT Address <u>Elizabeth Loida Ste. Genevieve 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>MULTIPLE FRACTURES OF HEAD AND FACE</u> DUE TO (b) _____ 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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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>WELDING METAL BARREL WITH CUTTING TORCH - EXPLOSION</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>4:45</u> Month, Day, Year <u>2 13 62</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>	20e. CITY, TOWN, OR LOCATION <u>STE. GENEVIEVE CO</u>	STATE <u>MO</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Geo. C. Basler Coroner</u>		22b. ADDRESS <u>Ste. Genevieve Mo</u>	22c. DATE SIGNED <u>2/16/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2/16/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST ANNE</u>	23d. LOCATION (City, town, or county) (State) <u>BLOOMSDALE MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>Geo. C. Basler Ste. Genevieve Mo</u>		25. DATE RECD. BY LOCAL REG. <u>17 February 1962</u>	26. REGISTRAR'S SIGNATURE <u>George F. Wood</u>

FEB 27 1962

MAR 7 1962

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

Adrian J. Eller

Licensed Embalmer No. 4740

P. O. Address St. Genevieve, 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.