

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025270

STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 847

Health,
Welfare
Public
Service

300
1-560

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		c. CITY OR TOWN Windsor 6420	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 103 E. Jackson		d. STREET ADDRESS (If outside, give location) 103 E. Jackson	
Length of stay in lb 40yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Floyd R Loding			4. DATE OF DEATH June 24 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 12-23-1911	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wasting Dept.	10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (City and state or country) Calhoun, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13. FATHER'S NAME Harvey Loding		14. MOTHER'S MAIDEN NAME May Englehart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 486-03-6538	
17. INFORMANT Mrs. Floyd Loding		Address Windsor, Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Artery Disease DUE TO (c) 4201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			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 Month, Day, Year a. m. p. m.			
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 June 24-58 to June 24-58 and last saw him ^{her} alive on June 24-58	
Death occurred at 8 pm on the date stated above; and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Degree or title) Paula M. Thurber, M.D.	22b. ADDRESS Windsor, Mo.
22c. DATE SIGNED 7-6-58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-26-1958	23c. NAME OF CEMETERY OR CREMATORIUM Laurel Oak	23d. LOCATION (City, town, or county) (State) Windsor Mo.
24. FUNERAL DIRECTOR ADDRESS Ellis Huston Windsor, Mo		25. DATE RECD. BY LOCAL REG. Aug 1-58	26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

APR 20 1959

VS 10 1959

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 *Clifford Gouge*.....

Licensed Embalmer No. *501*

P. O. Address *Windsor*

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.