

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor</u>		Length of stay in 1b <u>40 yrs</u>	c. CITY OR TOWN <u>Windsor</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>707 S. Tebo St</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>707 S. Tebo</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Harvey C.</u> Middle <u>Loding</u> Last <u>Loding</u>			4. DATE OF DEATH Month <u>2</u> - Day <u>10</u> - Year <u>1962</u>	
---	--	--	---	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>9-22-1888</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>	IF UNDER 24 HR Hours <u>    </u> Min. <u>    </u>
--------------------	------------------------------	---	--------------------------------------	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe repair + Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Moline, Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>John Loding</u>	13b. MOTHER'S MAIDEN NAME <u>Lowella Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Max Englehart</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>491-20-6049</u>	17. INFORMANT <u>Mrs Waldo Craig - Windsor, Mo.</u>
---	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Circulatory Collapse</u>	<u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral Vascular Accident</u>	<u>3 weeks</u>
	DUE TO (c) <u>Arteriosclerosis, Generalized</u>	<u>Indefinite</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART II. 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.)
---	---	--

20c. TIME OF INJURY Hour <u>    </u> a.m. <u>    </u> p.m.	Month, Day, Year
---	------------------

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 <u>Windsor</u>	COUNTY <u>Henry</u>	STATE <u>Mo</u>
--	--	--	------------------------	--------------------

21. I attended the deceased from 1956 to Feb. 1962 and last saw her/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.

22. SIGNATURE <u>William J. Smith MD.</u>	(Degree or title)	22b. ADDRESS <u>103 W. Colt Windsor, Mo.</u>	22c. DATE SIGNED <u>2-12-62</u>
--	-------------------	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-12-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	23d. LOCATION (City, town, or county) <u>Windsor, Mo.</u>
--	-----------------------------	---	--

24. FUNERAL DIRECTOR <u>Ellis M. Huston - Windsor Mo.</u>	ADDRESS <u>Windsor Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 17-1962</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>
--	-------------------------------	---	---

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 ITEM NO. SHOULD READ  
 BY AFFIDAVIT OF DOCUMENT

M.B.

**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 Ellis M. Hurston

Licensed Embalmer No. 3391

P. O. Address Windsor, N.C.

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.