

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047805

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 324

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 23 1963	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Wald Hospital</u>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY <u>Henry</u> b. CITY OR TOWN <u>Clinton</u>	
d. STREET ADDRESS (If outside, give location) <u>407 W grandview</u>	
3. NAME OF DECEASED (Type or print) <u>HARVEY HAMPTON LOAFMAN</u>	
4. DATE OF DEATH Month <u>12</u> Day <u>14</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-6-1897</u>
9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>
11. BIRTHPLACE (City and state or country) <u>Baltimore MD</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>William Loafman</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Sanger</u>
14. NAME OF HUSBAND OR WIFE <u>Deceased</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> <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>
17. INFORMANT <u>Wilbur Pilant Clinton MD</u>	Address <u>Clinton MD</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>Acute myocardial infarction</u> DUE TO (b) _____ DUE TO (c) <u>arterial sclerotic heart disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease-condition given in PART I (a) <u>diabetes mellitus</u> 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ 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 COUNTY _____ STATE _____	
21. I attended the deceased from <u>1960</u> to <u>death</u> and last saw ^{her} him alive on <u>12-14-63</u> Death occurred at <u>6:40 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Carroll R. Webber, MD</u>	
22b. ADDRESS <u>Clinton MD</u>	
22c. DATE SIGNED <u>12-17-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>12-16-63</u>	
23c. NAME OF CEMETERY OR CREMATOR <u>Englewood</u>	
23d. LOCATION (City, town, or county) (State) <u>Clinton MD.</u>	
24. FUNERAL DIRECTOR <u>F. L. SCHABERG</u>	
ADDRESS <u>CLINTON MO.</u>	
25. DATE RECD. BY LOCAL REG. <u>Dec. 18, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DEC 24 1963

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 F. L. Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton Md

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.

Permit obtained 12-18-63
M.S.