

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30257**

FILED OCT 15 1956

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4153** Registrar's No. **56-61**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade	
b. CITY OR TOWN Lockwood Mo	c. LENGTH OF STAY (in this place) yrs	c. CITY OR TOWN Lockwood Mo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		STREET ADDRESS (If rural, give location) n. Main St	

3. NAME OF DECEASED (Type or Print) Freda	a. (First)	b. (Middle)	c. (Last) Loeffler	4. DATE OF DEATH (Month) (Day) (Year) Sept 28 1956
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 30, 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 3 Days 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Germany	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME August Werler	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Herman Loeffler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Herman Loeffler	ADDRESS Lockwood Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 months 5 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331 x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-6**, 19**56**, to **9-28**, 19**56**, that I last saw the deceased alive on **9-28**, 19**56**, and that death occurred at **7:00P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lee A. Mc Neely, M.D.	23b. ADDRESS Greenfield, Mo.	23c. DATE SIGNED 9-29-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-30-56	24c. NAME OF CEMETERY OR CREMATORY City Cem.	24d. LOCATION (City, town, or county) (State) Mt. Olive, Ill.
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DATE REC'D BY LOCAL REG. 9-29-56	REGISTRAR'S SIGNATURE J. C. Canada	25. FUNERAL DIRECTOR'S SIGNATURE W. R. Allison	ADDRESS Greenfield Mo.
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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 *W.R. Allison*.....

Licensed Embalmer No. *440*.....

P. O. Address *Greenfield*.....

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.