

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0017134

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 170

FILED MAY 10 1966

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) Farmington		c. CITY OR TOWN Farmington	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 505 Cayce St.		d. STREET ADDRESS (If outside, give location) 505 Cayce St.	

3. NAME OF DECEASED (Type or print) Loretta Young			4. DATE OF DEATH Month May Day 7 Year 1966		
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 10/1/1866	9. AGE (last birthday) 99	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (City and state or country) Ste. Genevieve, Mo.		
12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME Rufus Turley		
13b. MOTHER'S MAIDEN NAME Anna Cunningham			14. NAME OF HUSBAND OR WIFE Widowed		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. No		
17. INFORMANT Ida Young			Address 505 Cayce St. Farmington, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute circulatory failure		INTERVAL BETWEEN ONSET AND DEATH 10 mins.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac decompensation		1 year
DUE TO (c) Chronic myocardial insufficiency & arteriosclerosis years		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old age		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
--	--	---

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	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 ☐ NOT WHILE AT WORK ☐	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 Feb. 1959 to May 7, 1966 and last saw her alive on 5-6-66	
Death occurred at 5:30 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE R. A. Hendzab, M.D.	(Degree or title)	22b. ADDRESS 17 S. Jackson, Farmington, Mo.	22c. DATE SIGNED 5-7-66
---------------------------------------	-------------------	--	----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/8/66	23c. NAME OF CEMETERY OR CREMATORY Three Rivers Cemetery	23d. LOCATION (City, town, or county) (State) Near Farmington, Mo.
---	---------------------	---	---

24. FUNERAL DIRECTOR C.H. Cozean	ADDRESS Farmington, Mo.	25. DATE RECD. BY LOCAL REG. May 7, 1966	26. REGISTRAR'S SIGNATURE E. R. Hendzab
-------------------------------------	----------------------------	---	--

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0945

2 0945

3

4 1

5 2

6

7 0

8 2

9 422.1

10

11

12 90-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

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 Dennis R. Campbell, Student Embalmer No. 776

working under my personal supervision.

Student

Dennis R. Campbell
Signature of Student Embalmer

Signed

C. Hoya

Licensed Embalmer No.

4084

P. O. Address

Jarvis to Mrs

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.