

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-037693**

STATE FILE NUMBER

AMENDED

Registration District No. 206 Primary Registration District No. 304 Registrar's No. 69

**FILED NOV 1 1961**

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

3. NAME OF DECEASED (Type or print) First <u>MARVIN</u> Middle <u>F. LONINGOR</u> Last <u></u>			4. DATE OF DEATH Month <u>10</u> Day <u>25</u> Year <u>1961</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>7/21/1894</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMA</u>	11. BIRTHPLACE (City and state or country) <u>MADISON Co</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>LARRY LONINGOR</u>		13b. MOTHER'S MAIDEN NAME <u>AGNES GRAHAM</u>		14. NAME OF HUSBAND OR WIFE <u>BIRDIE GRAHAM</u>	
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.		17. INFORMANT <u>Birdie Graham Margaret Mo</u> Address	

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>Carcinoma of left kidney with metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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		
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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 April 4, 1961 to Oct. 25, 61 and last saw <sup>him</sup> alive on Oct 24, 61  
Death occurred at 11:38 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Charles E. M... M.D.</u>		22b. ADDRESS <u>Fredericktown Mo</u>		22c. DATE SIGNED <u>Oct. 26, 61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/27/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEW MASONIC</u>		23d. LOCATION (City, town, or county) (State) <u>MADISON Co MO</u>	
24. FUNERAL DIRECTOR <u>Thomas Margaret Mo</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>10-27-61</u>	26. REGISTRAR'S SIGNATURE <u>Lucille Wilson Dep.</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

NOV 8 1961

**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. J. Peterson*  
Licensed Embalmer No. 4351

P. O. Address FREDERICKT

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.