

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7623

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>49</u>		PRIMARY REG. DIST. NO. <u>5174</u>		Registrar's No. <u>5</u>		
1. PLACE OF DEATH a. COUNTY <u>CAMDEN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>				
b. CITY (If outside corporate limits, write RURAL and give Rural township) OR TOWN: <u>EDWARD SADDLEBURN</u>		c. LENGTH OF STAY (In this place) <u>2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Edwards, Mo</u>		15		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>In the Big Ber Acres Community</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>CLARK</u> c. (Last) <u>LLOYD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 18, 1949</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Dec 2, 1881</u>		
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>10</u>		IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stewart of Lodge</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Afton Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Thomas Lloyd</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>Lakie Lloyd</u>			
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Lakie Lloyd</u>			
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, athermia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC Decompensation, Acute</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Arteriosclerosis</u>				WNK.	
DUE TO (c)			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4500	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Edwards, Benton Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>				
22. I hereby certify that I attended the deceased from <u>8 Feb</u> , 1949, to <u>8 March</u> , 1949, that I last saw the deceased alive on <u>3 March</u> , 1949, and that death occurred at <u>9: P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>David Wilson, M.D.</u>				23b. ADDRESS <u>Warsaw, Mo</u>		23c. DATE SIGNED <u>19 Mar. 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 20, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Afton, Iowa</u>		24d. LOCATION (City, town, or county) (State) <u>Afton, Iowa</u>		
DATE REC'D BY LOCAL REG. <u>3-19-49</u>		REGISTRAR'S SIGNATURE <u>G. J. Weyer, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer N

District File Number 249

Date Filed 3.29

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 .....  
Student Embalmer

Signed John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.