

FILED JAN 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **412**

BIRTH NO. _____ REG. DIST. NO: **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE: MISSOURI b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) FULTON	c. LENGTH OF STAY (in this place) 30 yrs	c. CITY (If outside corporate limits, write RURAL and give township) FULTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION 202 ST. LOUIS AVE.		d. STREET ADDRESS (If rural, give location) 202 ST. LOUIS AVE.	

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) SYDNEY c. (Last) JOHNSON LLOYD			4. DATE OF DEATH (Month) (Day) (Year) JAN 7 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 17 1866	9. AGE (In years last birthday) P3	IF UNDER 1 YEAR Months 2 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Lloyd	13b. MOTHER'S MAIDEN NAME Emaline Lee	14. NAME OF HUSBAND OR WIFE Lillian Marie Lloyd
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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 none	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ms Sydney Lloyd	ADDRESS Fulton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparently Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4:30
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) had some heart disease of about 7 yrs		
	DUE TO (c) Fell dead while working around house		
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	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) Fulton Callaway Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 7 1950 2 m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) W. J. Barrett, Coroner 3	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 1/8/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/8/1950	24c. NAME OF CEMETERY OR CREMATORY Millersburg	24d. LOCATION (City, town, or county) (State) Callaway Mo
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DATE REC'D BY LOCAL REG. Jan 9-1950	REGISTRAR'S SIGNATURE Maretha Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Maugin Funeral Home	ADDRESS Fulton Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 4 1950
FEB 21 1950

District File Number

District Health Officer No. 9

RECEIVED
JAN 16 1950
JAN 24 1950

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

Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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 this body is not embalmed, fact should be so stated above.