

2330

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 672

FILED FEB 14 1950

BIRTH NO. 1067-50 REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5391 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>Dent</b>				2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Joy, Mo. Texas Township</b> )				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joy, Mo. Texas Township</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Above</b>				d. STREET ADDRESS (If rural, give location) <b>Above</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Linda</b>		b. (Middle) <b>Jean</b>		c. (Last) <b>Bloyd</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, <b>Never</b> DIVORCED (Specify)		8. DATE OF BIRTH <b>1-27-50</b>			
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>U.S. A. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Delbert E. Bloyd</b>		13b. MOTHER'S MAIDEN NAME <b>Betty Alexander</b>		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Delbert Bloyd</b> ADDRESS <b>Joy, Mo.</b>					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Premature twin</b> DUE TO (c) <b>Possibly Severe anemia</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs</b> <b>20 min.</b>  <b>7625</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>1-27-50</b> , 19 <b>50</b> , to <b>1-27-50</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>1-27-50</b> , 19 <b>50</b> , and that death occurred at <b>7 a. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Joseph R. Bennett MD</b>				23b. ADDRESS <b>Salem, Mo</b>		23c. DATE SIGNED <b>1-30-50</b>			
24a. BURIAL, CREMATION, OR OTHER DISPOSITION <b>Buried</b>		24b. DATE <b>1-27-50</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Joy, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>2-1-50</b>		REGISTRAR'S SIGNATURE <b>Premature Infant not embalmed.</b>		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 3

District File Number 25088

Date Filed 2/9/50

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.