

FILED DEC 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36333

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>398</u>	
1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>FULTON</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FULTON</u>		0142	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 OAK</u>				d. STREET ADDRESS (If rural, give location) <u>307 OAK</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ILA</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>LOYD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-29-1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 17, 1877</u>	
9. AGE (in years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u>		IF UNDER 1 HRS. Hours <u>7</u> Min. <u>12</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hospital attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State Hospital</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. H. Sullivan</u>		13b. MOTHER'S MAIDEN NAME <u>D. K.</u>		14. NAME OF HUSBAND OR WIFE <u>Alfred Lloyd</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Lloyd, Fulton, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Atherosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4:01</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Saw to body a few minutes after she expired</u>			
22. I hereby certify that I attended the deceased from <u>about</u> 19 <u>50</u> , to <u>about</u> 19 <u>50</u> , that I last saw the deceased <u>about</u> <u>August</u> , 1950, and that death occurred at <u>about</u> <u>7:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>12/1/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-1-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Millersburg</u>		24d. LOCATION (City, town, or county) (State) <u>Callaway Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 2-1950</u>		REGISTRAR'S SIGNATURE <u>426</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Home, Fulton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC - 2 1950

RECEIVED

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, Mo.

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.