

FILED JUN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 4
State File No. 16077

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 3018		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY <u>Dent</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Salem</u> c. LENGTH OF STAY (in this place) <u>4 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hart Clinic</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Texas wp. 0330</u> d. STREET ADDRESS (If rural, give location) <u>10 Miles south Salem, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>Charles Addison Bloyd</u>		a. (First) <u>Charles</u> b. (Middle) <u>Addison</u> c. (Last) <u>Bloyd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 20, 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 25, 1882</u>	
9. AGE (in years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>r.r. flagman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A?</u>		13a. FATHER'S NAME <u>Charles Bingley Bloyd</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret E. Humeric</u>		14. NAME OF WUSBAND OR WIFE <u>Pearl Leora Bloyd</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>707169320</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Delbert E. Bloyd, R.R. Salem, Mo.</u> ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis and hypertension</u> DUE TO (c) <u>Old cerebral hemorrhage</u> 2. OTHER SIGNIFICANT CONDITIONS <u>Fractured femur, left</u> <u>Asthma, bronchitis</u> <u>Hemorrhagic coarctation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>one week</u> <u>five years</u> <u>five years</u> <u>7 mos.</u> <u>20 years</u> <u>six months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X F	
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) _____ 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 <u>Oct 17</u> , 19 <u>50</u> , to <u>May 20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 20</u> , 19 <u>51</u> , and that death occurred at <u>11 12</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Francis L. Kozal, M.D.</u> (Degree or title)				23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>5-20-51</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 25, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln, Nebraska</u>	
DATE REC'D BY LOCAL REG. <u>5-21-51</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Delbert E. Bloyd</u>		ADDRESS <u>Salem, Mo.</u>	

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

File No. _____

DISTRICT HEALTH OFFICE

MAY 28 1951

RECEIVED

JUN 20 1951

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, ~~on~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Salem, 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.