

502
3

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

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto 8502	
c. LENGTH OF STAY (in this place) YRS		d. STREET ADDRESS (If rural, give location) MAIN + Miller Sts.	
d. FULL NAME OF HOSPITAL OR INSTITUTION MAIN + Miller Sts.			
3. NAME OF DECEASED a. (First) CORA b. (Middle) Bell c. (Last) LOYER		4. DATE OF DEATH (Month) (Day) (Year) June 4 - 1951	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 24 - 1874
9. AGE (In years last birthday) 76	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Jefferson Co., Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) Jefferson Co., Mo	
13a. FATHER'S NAME George Wiley		13b. MOTHER'S MAIDEN NAME SOPHRONIA CARYER	
14. NAME OF HUSBAND OR WIFE JERRY LOYER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Stanley Wilson ADDRESS De Soto, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crushed head + Internal injuries DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 802 X 35	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, in motor vehicle, office bldg., etc.) Street	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) De Soto Jefferson Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 4 51 8:15 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Tram, struck & killed	
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.			
23a. SIGNATURE (In full name and title) Denzel Matthews, Coroner		23b. ADDRESS 101 Main Street De Soto, Mo	
23c. DATE SIGNED 6/5/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-7-51	24c. NAME OF CEMETERY OR CREMATORY CITY	24d. LOCATION (City, town, or county) (State) De Soto Mo
DATE REC'D BY LOCAL REG. 6-7-51	REGISTRAR'S SIGNATURE Marie Starling	25. FUNERAL DIRECTOR'S SIGNATURE Lee Mathushead ADDRESS De Soto Mo	

15-11-9
DATE RECEIVED 6-11-51
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

15-11-9

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 Andrew H England

Licensed Embalmer No. 4741

P. O. Address De Soto, 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.