

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30828**

FILED OCT 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **4219** Registrar's No. **42**

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

1. PLACE OF DEATH a. COUNTY <b>MARIES</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MARIES</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BELLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BELLE</b>	
c. LENGTH OF STAY (in this place) <b>46 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>RECEIVED</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b> b. (Middle) <b>F</b> c. (Last) <b>LOYD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 21 -1951</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN. 18th-1862</b>	9. AGE (In years last birthday) <b>89</b>	10. IF UNDER 1 YEAR Months <b>8</b> Days <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PROPRIETOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETAIL GENERAL MDSE.</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>NORBY L. LOYD</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISA GARNER</b>		14. NAME OF HUSBAND OR WIFE <b>INA (HODGE) LOYD</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. INA LOYD BELLE, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Nephritis</b>			<b>3 yrs</b>
		DUE TO (c) <b>Chronic Myocardial Degeneration</b>			<b>2 yrs</b>
		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 <b>592X</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 June 25, 1951, to Sept. 1, 1951, that I last saw the deceased alive on Sept. 21, 1951, and that death occurred at 7:15pm., from the causes and on the date stated above.

23a. SIGNATURE <b>R. H. P. Phoenix, M.D.</b> (Degree or title)		23b. ADDRESS <b>20 Belle, Mo.</b>		23c. DATE SIGNED <b>9/24/51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Sept. 23, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LIBERTY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>BELLE, MARIES COUNTY, MO.</b>	
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DATE REC'D BY LOCAL REG. <b>9-26-51</b>		REGISTRAR'S SIGNATURE <b>Pauline Howard</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SASSMANN'S FUNERAL SERVICE BELLE</b>	
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 2 1951

RECEIVED

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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 Chas. J. [Signature]

Licensed Embalmer No. 4178

P. O. Address Blair - [Signature]

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.