

## STANDARD CERTIFICATE OF DEATH

State File No. 4523

FILED MAR 4 1952

BIRTH NO.

REG. DIST. NO. 115

PRIMARY REG. DIST. NO. 4187

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Union</u>		c. LENGTH OF STAY (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Union</u>		d. STREET ADDRESS (If rural, give location) <u>1008 N. Oak St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1008 N. Oak St.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>February 28 1952</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Wallace</u>		c. (Last) <u>Lloyd</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>December 25, 1870</u>		9. AGE (In years last birthday) <u>81</u> if under 1 year: Months <u>2</u> Days <u>3</u> Hours <u>   </u> Min. <u>   </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road man</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Belle Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Norbert Lloyd</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>		14. NAME OF HUSBAND OR WIFE <u>   </u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>   </u>		16. SOCIAL SECURITY NO. <u>   </u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray Lloyd Union 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Cardiovascular Disease</u> ANTECEDENT CAUSES <u>Varicose Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>   </u> DUE TO (c) <u>   </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				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)		21f. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from <u>7-3</u> , 19 <u>48</u> , to <u>2-28</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-25</u> , 19 <u>52</u> , and that death occurred at <u>12:02 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. H. Stuchman</u>				23b. ADDRESS <u>Union Mo.</u>		23c. DATE SIGNED <u>2/29/1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/1/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Bland Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/1/52</u>		REGISTRAR'S SIGNATURE <u>F. L. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. F. Oltmann</u>		ADDRESS <u>Union Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 E. F. Olthmann

Licensed Embalmer No. 1686

P. O. Address Union 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.