

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7361

State File No. ....

FILED APR 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BOONE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>COLUMBIA</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>COLUMBIA</b> <u>0100</u>	
c. LENGTH OF STAY (in this place) <b>LIFE</b>		d. STREET ADDRESS (If rural, give location) <b>ROUTE #2</b> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ROUTE 2.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>EMMETT</b>	c. (Last) <b>LOYD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 29-1952</b>
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5. SEX <b>MALE</b> <u>0</u>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT 9 1880</b>	9. AGE (In years last birthday) <b>71</b> IF UNDER 1 YEAR Months <b>5</b> Days <b>20</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>	11. BIRTHPLACE (State or foreign country) <b>CALLAWAY COUNTY MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>MILTON LOYD</b>	13b. MOTHER'S MAIDEN NAME <b>MARY ADAIR</b>	14. NAME OF DECEASED'S WIFE <b>MARY GIBBS LOYD</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give year or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MARY GIBBS LOYD</b> ADDRESS <b>COLUMBIA R.2</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b>		History of <b>10 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardio-vascular-renal disease</b> DUE TO (c) <b>Senile debility</b>		
11. 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>442X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from this date only 10 **Feb. 14, 1952**, that I last saw the deceased alive on **Feb. 14, 1952**, and that death occurred at **P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter Sparks D.O.</b>	23b. ADDRESS <b>311 Christian College Columbia, Missouri</b>	23c. DATE SIGNED <b>3-21-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAR 31-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MILLERSBURG CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>MILLERSBURG MO.</b>
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DATE REC'D BY LOCAL REG. <b>Mar 31 1952</b>	REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>R. Brown</b> ADDRESS <b>COLUMBIA MO.</b>
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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 *R. W. [Signature]* \_\_\_\_\_

Licensed Embalmer No. *3183* \_\_\_\_\_

P. O. Address *Columbia, 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.