

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23649**

FILED AUG 13 1952

BIRTH NO. _____		REG. DIST. NO. 34		PRIMARY REG. DIST. NO. 4046		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) Hartsburg		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Hartsburg		0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print)		a. (First) Edward F.		b. (Middle)		c. (Last) Loyeman	
4. DATE OF DEATH (Month) (Day) (Year) Aug 8 1952		5. SEX 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	
8. DATE OF BIRTH June 23-1877		9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		11. BIRTHPLACE (State or foreign country) Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Loyeman		13b. MOTHER'S MAIDEN NAME Cora Withaup		14. NAME OF HUSBAND OR WIFE Minnie Loyeman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Minnie Loyeman			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Rheumatic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 15 years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____					
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 415X				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 August , 19 52 , to 8 , 19 52 , that I last saw the deceased alive on 8-6 , 19 52 , and that death occurred at 7:20 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE E. P. Megee, M.D.				23b. ADDRESS Hartsburg, Mo		23c. DATE SIGNED 8-10-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 11-1952		24c. NAME OF CEMETERY OR CREMATORY Evangelical Reformatory		24d. LOCATION (City, town, or county) (State) Hartsburg Mo	
DATE REC'D BY LOCAL REG. Aug 11/52		REGISTRAR'S SIGNATURE Mrs. Mildred Burnett		FUNERAL DIRECTOR'S SIGNATURE W. L. Burnett		ADDRESS Ashtland Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 8 1954

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 *W. L. Burnett*.....

Licensed Embalmer No. *35-674*.....

P. O. Address *Askland 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.