

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6964

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 22

0730

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

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>NEOSHO R.F.D. #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WEST BENTON TWP.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>B.</u>	c. (Last) <u>LOYD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 11. 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 28. 1880</u>	9. AGE (In years last birthday) Months Days <u>72</u>	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NEOSHO ICE CO.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MEADOCK MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN LOYD</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BOCKER</u>	14. NAME OF HUSBAND OR WIFE <u>MATILDA LOYD</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MATILDA LOYD, RFD #2, NEOSHO MO.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Failure of Respiratory Center</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Senile hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>severe cardiac decompensation</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Feb. 5, 1953, to Feb. 11, 1953, that I last saw the deceased alive on Feb. 11, 1953, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold G. Hard, D.O.</u>	23b. ADDRESS <u>Goodman, Mo.</u>	23c. DATE SIGNED <u>Feb. 14, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-13-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAKWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>NEWTON Co. MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>2-14-53</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson, Jr.</u>	ADDRESS <u>Neosho Mo.</u>
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RECEIVED

District No.

District

Date Filed FEB 19 1953

922 To, NEWTON COUNTY HEALTH UNIT  
252-73

NEOSHO, MISSOURI

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 *Leoly Thompson*.....

Licensed Embalmer No. *24861*.....

P. O. Address *Neosho, 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.