

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8777**  
Registrar's No. **971**

BIRTH NO. **FRED MAR 18 1953** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH  
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City** c. LENGTH OF STAY (In this place) **11 yrs.**

c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4925 Troost Avenue**

e. STREET ADDRESS (If rural, give location) **4925 Troost Avenue** **3758**

3. NAME OF DECEASED  
a. (First) **Agnes** b. (Middle) **Bradley** c. (Last) **Lloyd**

4. DATE OF DEATH (Month) (Day) (Year) **March 3, 1954**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **August 2, 1866** 9. AGE (In years last birthday) **87** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Blackburn, England** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **William Willan** 13b. MOTHER'S MAIDEN NAME **Eliza Bradley** 14. NAME OF HUSBAND OR WIFE **Thomas Lloyd**

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. **None** 17. INFORMANT'S SIGNATURE OR NAME **Miss Alice Lloyd--4925 Troost Avenue** ADDRESS

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Uremia**

\*This does not mean the mode of dying, such as heart failure, ashenia, 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) **Coronary disease**  
DUE TO (c) **Arteriosclerotic heart**

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **2/27-54**  
**4200**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12/6, 1953** to **2-3, 1954** that I last saw the deceased alive on **2-3, 1954** and that death occurred at **10:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **A. Saladino** (Degree or title) **M.D.** 23b. ADDRESS **1040 Ogden St.** 23c. DATE SIGNED **3-4-54**

24a. BURIAL CREMATION (Specify) **BURIAL** 24b. DATE **MAR 4 1954** 24c. NAME OF CEMETERY OR CREMATORY **HORTON CITY CEMETERY** 24d. LOCATION (City, town, or county) (State) **HORTON KANSAS**

DATE REC'D BY LOCAL REG. **3-4-54** REGISTRAR'S SIGNATURE **Geraldine Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **D.W. Newman Sons** ADDRESS **1701 BRUSH ST. REAR BLDG. KANSAS CITY MO.**

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

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.....  
Signature of Student Embalmer

Signed *Roscoe J. Boy*.....

Licensed Embalmer No. *48*.....

P. O. Address *Albion, N.Y.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.