

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39921

State File No.

FILED DEC 14 1954

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 218

1. PLACE OF DEATH
 a. COUNTY Vernon
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada
 c. LENGTH OF STAY (in this place) 6 days
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nevada City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Iowa b. COUNTY Pathwatonic
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Council Bluffs
 d. STREET ADDRESS (If rural, give location) 3924 Ave. B.

3. NAME OF DECEASED (Type or Print)
 a. (First) Charles b. (Middle) Milton c. (Last) Loyd

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 10 1954

5. SEX male 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH Jan. 4, 1896

9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) Carpenter & Painter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Walker, Mo. Rural

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Aaron Loyd

13b. MOTHER'S MAIDEN NAME Bora Etta Tector

14. NAME OF HUSBAND OR WIFE Horns K. Loyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 1918 - July

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Verna K Loyd 3924 - ave B.

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
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
 ANTECEDENT CAUSES DUE TO (b) Atherosclerosis
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) Solar pneumonia
 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 hours
?
2 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

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)

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 12-5 1954, to 12-10 1954, that I last saw the deceased alive on 12-10 1954, and that death occurred at 3:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. G. Morris, M.D.

23b. ADDRESS Nevada, Mo.

23c. DATE SIGNED 12/11/54

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 12-11-54

24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

24d. LOCATION (City, town, or county) (State) Council Bluffs Iowa

DATE REC'D BY LOCAL REG. 12-11-54

REGISTRAR'S SIGNATURE Edna S. Ferry

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lewis & Son Schell City, Mo.

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

DEC 22 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Marion M. Lewis

Licensed Embalmer No. *3084*

P. O. Address *Schell City, 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.