

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. H. SILSBY
State File No. **40632**

No. 300
10.48

FILED JAN 3 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2002 Registrar's No. 1182

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE MISSOURI b. COUNTY Howell	
b. CITY OR TOWN SPRINGFIELD		c. CITY OR TOWN WILLOW SPRINGS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 9 DAYS		e. STREET ADDRESS (If rural, give location) 0466	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.			

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) M.	c. (Last) LOYD	4. DATE OF DEATH (Month) (Day) (Year) DEC. 29 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 21 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) DOUGLAS COUNTY, MO. U	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME MORRIS LOYD	13b. MOTHER'S MAIDEN NAME SARAH McCARTY	14. NAME OF HUSBAND OR WIFE MYRLE LOYD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) ?	17. INFORMANT'S SIGNATURE OR NAME MYRLE LOYD	ADDRESS WILLOW SPRINGS, MO.
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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) Septicemia chronic		Unknown
	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. Pneumonia, Cholelithiasis		3 weeks Unknown	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" 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.) Springfield, Greene, Mo.	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 **Dec 12, 1954**, to **Dec 29, 1954**, that I last saw the deceased alive on **Dec 29, 1954**, and that death occurred at **3 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____	23b. ADDRESS 609 Cherry St.	23c. DATE SIGNED Dec 29 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 12/30/54	24c. NAME OF CEMETERY OR CREMATORY MT. ARARAT CEMETERY	24d. LOCATION (City, town, or county) (State) DOUGLAS COUNTY, MO.
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DATE REC'D BY LOCAL REG. 12-30-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS SPRINGFIELD, MO.
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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 *Gene C. Hunter*.....

Licensed Embalmer No. *473*.....

P. O. Address *Springfield*.....

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.