

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**40379**

State File No. ....

**FILED DEC 28 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 87

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Iron</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>		c. CITY OR TOWN <u>Annapolis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>0470</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>HOWELL</u>	c. (Last) <u>LOYD</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec. 20 1955</u>
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<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 11 1903</u>	<b>9. AGE</b> (In years last birthday) <u>52</u>	<b>10. IF UNDER 1 YEAR</b> (Months) <u>10</u>	<b>11. IF UNDER 24 HRS.</b> (Hours) <u>8</u>	<b>12. IF UNDER 15 MIN.</b> (Minutes)
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>inspector</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>electrical</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Annapolis Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Edward Loyd</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Lulu Baker</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Eunice Loyd</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Eunice Loyd, Annapolis Mo.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>78 hrs</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Thrombosis</u>		
	<b>ANTECEDENT CAUSES</b> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	<b>DUE TO (b)</b> _____		
	<b>DUE TO (c)</b> _____		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>H201</u>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** Dec 18, 1955, **to** Dec 20, 1955, **that I last saw the deceased alive on** Dec 20, 1955, **and that death occurred at** 1:15 p.m., **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>[Signature]</u>	(Degree or title) <u>M.D.</u>	<b>23b. ADDRESS</b> <u>[Address]</u>	<b>23c. DATE SIGNED</b> <u>12-22-55</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>24b. DATE</b> <u>12-22-55</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Annapolis Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Annapolis Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>12-22-55</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	<b>ADDRESS</b> <u>White Funeral Home, Ironton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side) Rueley White

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

JAN 26 1956

JAN 30 1956

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 *Russell J. White*.....

Licensed Embalmer No. *3012*.....

P. O. Address *Orinda, Cal.*

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.