

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3891

State File No.

FILED MAR 5 1956

Registrar's No. 214

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		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) 57 years		e. STREET ADDRESS (If rural, give location) 1018 So. 17th St.	

3. NAME OF DECEASED (Type or Print) GEORGE	a. (First)	b. (Middle) C.	c. (Last) LOY	4. DATE OF DEATH February 20, 1956
--	------------	--------------------------	-------------------------	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH January 17, 1871	9. AGE (in years last birthday) 85	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) ret. contractor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Seymour, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	--	--

13a. FATHER'S NAME William Loy	13b. MOTHER'S MAIDEN NAME Naema Osborne	14. NAME OF HUSBAND OR WIFE Mollie C. Loy
--	---	---

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 Mrs. Helen Flanagan, 1018 S. 17th, St. Joseph, Mo	ADDRESS
---	--	---	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		Unk.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerotic Heart Disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4 200	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	---

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 2/13, 1956, to 2/20, 1956, that I last saw the deceased alive on 2/19, 1956, and that death occurred at 3:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Catherine M. Allison</i> M.D.	23b. ADDRESS Footle Building St. Joseph, Missouri	23c. DATE SIGNED 2/21/56
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/22/1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
--	-------------------------------	--	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Feb 28, 1956	REGISTRAR'S SIGNATURE <i>Catherine M. Allison</i>	485	25. FUNERAL DIRECTOR'S SIGNATURE <i>Hester-Bowman</i>	ADDRESS St. Joseph, Mo
--	--	-----	--	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 *James B. Hawkins*

Licensed Embalmer No. 4534

P. O. Address 319 E. 10th St.

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.