

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4925

State File No. ....

FILED FEB 17 1956

542

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Residence within limits of City or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>5 yrs</u>		f. STREET ADDRESS (If rural, give location) <u>1812 E. 42nd</u> <u>3629</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1812 E. 42nd</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Evan</u> b. (Middle) <u>Walter</u> c. (Last) <u>Lloyd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb - 5 - 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan - 16 - 1865</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) <u>Ret Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil company</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New London - Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Abner Lloyd</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Ann Lloyd dec</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Lloyd R. C. Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senescent Carcinoma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 + yrs.</u>

18. CAUSE OF DEATH (continued) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Prostate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 + yrs.</u>
DUE TO (c) _____		<u>197X</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Marked chronic anemia</u>		<u>with</u>

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 Dec 9, 1955, to Feb 5, 1956, that I last saw the deceased alive on Dec 9, 1955, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank B. Leitz</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1530 Hwy - 107, Independence, Mo</u>		23c. DATE SIGNED <u>2-6-56</u>	
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Buried</u>		24b. DATE <u>Feb. 7 - 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Independence - Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland R. Speaks</u> ADDRESS <u>Indep Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-6-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland R. Speaks</u> ADDRESS <u>Indep Mo</u>	

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

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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 *A. Bennett Patterson*.....

Licensed Embalmer No. *4697*.....

P. O. Address *Indy, IN*.....

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.