

FILED AUG 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27305**

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5568</u>		Registrar's No. <u>360</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Blue Township)		c. LENGTH OF STAY (In this place) None		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hwy #71 By-Pass & Liberty Bridge				e. STREET ADDRESS (If rural, give location) 3221 Garfield Ave. 3094			
3. NAME OF DECEASED (Type or Print) a. (First) Wayne		b. (Middle) Allen		c. (Last) Lloyd		4. DATE OF DEATH (Month) (Day) (Year) August 15 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 15, 1925	
9. AGE (In years last birthday) 31		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and State or Foreign Country) Linn Co. Kan.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Emmett P. Lloyd		13b. MOTHER'S MAIDEN NAME Lena Wyant		14. NAME OF HUSBAND OR WIFE Betty Lloyd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. G. Walker Kansas City, Missouri			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull to mandible				INTERVAL BETWEEN ONSET AND DEATH	
		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. History & Inspection				8234 32	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Not able to sign P.O.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jackson, Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson, Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-15-56 3:00 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car struck with pole			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Hugh A. Owens Coroner				23b. ADDRESS 1036 Pratt Bldg		23c. DATE SIGNED 8-15-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/19/56		24c. NAME OF CEMETERY OR CREMATORY Pleasanton, Kansas		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. 8-15-56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson Independence, Mo.			

WRITE PLAINLY—USING UNFADING 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, *J. H. Gibson*.....

Licensed Embalmer No. *4871*
P. O. Address *Indep., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.