

FILED SEP 12 1957 - STANDARD CERTIFICATE OF DEATH

State File No. 28710

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Macon <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. CITY OR TOWN Macon	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) 3 days		e. STREET ADDRESS (If rural, give location) 119 Sheridan St. 06110	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Samaritan Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Wiley	b. (Middle) Thompson	c. (Last) Cloyd	4. DATE OF DEATH (Month) (Day) (Year) Aug. 24, 1957
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 5, 1886
9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 10 Days 19	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired cook	10b. KIND OF BUSINESS OR INDUSTRY Cafe	11. BIRTHPLACE (City and State or Foreign Country) Shannandale, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Gilbert W. Cloyd	13b. MOTHER'S MAIDEN NAME Ida B. Warhurst	14. NAME OF HUSBAND OR WIFE Mildred Shoemaker Cloyd
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. 491-40-2326	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mildred Cloyd, Macon, Mo.

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 8 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRAGE		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? 2 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) m.	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 **4/28**, 19**54**, to **8-24**, 19**57**, that I last saw the deceased alive on **8/24**, 19**57**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas Miller MD	23b. ADDRESS Macon, Mo	23c. DATE SIGNED 8/30/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 27, 1957	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
		24d. LOCATION (City, town, or county) (State) Macon, Mo.

DATE REC'D BY LOCAL REG. 8/30/57	REGISTRAR'S SIGNATURE Arthur McNeely	FEDERAL DIRECTOR'S SIGNATURE Robert Brown	ADDRESS Macon, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File No.
Date Filed 9.9.57

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 *Howard Samples*

Licensed Embalmer No. *421*

P. O. Address *Mecon*

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.