

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004702  
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 47 Primary Registration District No. 5158 Registrar's No. 41

300  
1-57

|   |                                  |  |   |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Callaway</u>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>      |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Bourbon Twp.</u>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | c. CITY<br>OR<br>TOWN <u>Fulton</u>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>5 Fulton</u>   |                                  | Length of stay in lb<br><u>30 yrs</u>  | d. STREET<br>ADDRESS <u>RFD 5</u> (If outside, give location)                                     |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Kelly</u> Middle <u>Thomas</u> Last <u>Loyd</u>  |                                  | 4. DATE OF DEATH<br>Month <u>Feb.</u> Day <u>13</u> Year <u>1958</u>   |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>July 25, 1883</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farm</u>   | 9. AGE (In years last birthday)<br><u>74</u>  |
| 11. BIRTHPLACE (City and state or country)<br><u>Callaway County Mo.</u>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |   |
| 13a. FATHER'S NAME<br><u>Issac M. Loyd</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Sarah E. Davis</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Blanche Boyd Loyd</u>   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>unknown</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>unknown</u>  | 17. INFORMANT<br>Address<br><u>Blanche Loyd Rt 5 Fulton Mo.</u>                                   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>ch. myocarditis</u>   |                                  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>± 1 year</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>arteriosclerosis</u>  |                                  |  | <u>years.</u>   |
| DUE TO (c) _____  |                                  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>4221</u>  |                                  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Hour _____<br>a.m. _____<br>p.m. _____   |                                  | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                                  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |   |
| 21. I attended the deceased from <u>2/15/58</u> to <u>2/13/58</u> and last saw him alive on <u>2/13/58</u><br>Death occurred at <u>9:00 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |  |   |
| 22a. SIGNATURE<br><u>Nancy Durek M.D.</u> (Degree or title)   |                                  | 22b. ADDRESS<br><u>Fulton Mo.</u>  |   |
| 22c. DATE SIGNED<br><u>2/15/58</u>  |                                  |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>2/22/58</u>      | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Hillcrest</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Fulton Missouri</u>                           |
| 24. FUNERAL DIRECTOR<br><u>Morgan</u> ADDRESS<br><u>Fulton Mo</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>Feb. 15 - 1958</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Martha Lawrence</u>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with be stated.

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. J. Passer* .....

Licensed Embalmer No. *2555* .....  
P. O. Address *Hutton* .....

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.