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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021978
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3103

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) GENERAL HOSPT. NO 2 — Length of stay in 1b 5 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 2631 Benton Blvd. — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First MABEL Middle ANNA Last LOYD
4. DATE OF DEATH Month June Day 21 Year 1958

5. SEX Female
6. COLOR OR RACE Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH March 11, 1897
9. AGE (In years last birthday) 61 — 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) Cook
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Hepler, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Murray
13b. MOTHER'S MAIDEN NAME Lucy Mercer
14. NAME OF HUSBAND OR WIFE Joe Loyd

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. 377-26-0414
17. INFORMANT Ollie Rhodes Address 2631 Benton Blvd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Vascular Hypertension
DUE TO (c)
3 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 6/6/58 to 6/21/58 and last saw her alive on 6/21/58
Death occurred at 6/10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L S Daigle, M.D. (Degree or title)
22b. ADDRESS 2122 Truman Rd
22c. DATE SIGNED 6/23/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6-24-58
23c. NAME OF CEMETERY OR CREMATORY Westlawn
23d. LOCATION (City, town, or county) Kans. City, (State) Kansas

24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th & Benton
25. DATE RECD. BY LOCAL REG. 6-23-58
26. REGISTRAR'S SIGNATURE Nova Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

L.S.Daigle

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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 embalmec by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Bruce R Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Ben

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.