

21 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1959

59-029168

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4159

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		Length of stay in 1b <i>1 1/2 yrs.</i>		c. CITY OR TOWN <b>Raytown</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>TRINITY LUTHERAN HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>10004 EAST 61st. TERRACE</b>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>HARRY</b> Middle <b>T.</b> Last <b>LLOYD</b>				4. DATE OF DEATH Month <b>AUGUST</b> Day <b>24</b> Year <b>1959</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1/1/1905</b>	9. AGE (last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Co-Owner Consigned Sales</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Brunswick, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John T. Lloyd</b>			13b. MOTHER'S MAIDEN NAME <b>Arzella Irvin</b>		14. NAME OF HUSBAND OR WIFE <b>Elsie Ruth Lloyd</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>495-05-2546</b>	17. INFORMANT <b>HARRY J. LLOYD</b> 8616 EAST Address <b>73rd. TERRACE</b> <b>RAYTOWN, MISSOURI</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion with massive</i> <i>infarction of septum + anterior wall</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <i>of right ventricle -</i> DUE TO (b) <i>infarction of septum + anterior wall</i> DUE TO (c) <i>of right ventricle -</i>						INTERVAL BETWEEN ONSET AND DEATH <b>4 days.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	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 Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <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 <i>Aug 22-59</i> to <i>Aug 24-59</i> and last saw her live on <i>Aug 24-59</i> Death occurred at <i>4:40 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>R. Paul Wright</i>				22b. ADDRESS <i>Kansas City, Mo 1324 Prof. Bldg</i>		22c. DATE SIGNED <i>Aug 25 1959</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/26/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MEM ORIAL PARK CEM</b>		23d. LOCATION (City, town or county) <b>Kansas City, Missouri</b>			
24. FUNERAL DIRECTOR <b>1331 BRUSH ADDRESS CREEK BLVD.</b>			25. DATE RECD. BY LOCAL REG. <b>8-26-59</b>	26. REGISTRAR'S SIGNATURE <i>Irene Marshall</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAY 10 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Kenneth W. Peterson

Licensed Embalmer No. 4889

P. O. Address D. C. 27

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.