

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029872

FILED MS AUG 27 1959 40

Registration District No. 4358 Primary Registration District No. 4358 Registrar's No. 19

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lilbourn		Length of stay in 1b 42	c. CITY OR TOWN Lilbourn Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baehr Rd.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Baehr Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Anna Pearl Lloyd			4. DATE OF DEATH Month Day Year August 11 1959
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-16-79
9. AGE (last birthday) 80		IF UNDER 1 YEAR Months 1 Days 25 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Seymour Indiana	11. BIRTHPLACE (City and state or country) Seymour Indiana
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Thomas Cole	
13b. MOTHER'S MAIDEN NAME Unknown Sparks		14. NAME OF HUSBAND OR WIFE Raymond Lloyd-Lilbourn, Mo.	
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. None	
17. INFORMANT Raymond Lloyd-Lilbourn, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage (massive) DUE TO (b) Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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? 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 Hour a.m. p.m. Month, Day, Year	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 Lilbourn Mo		COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 7:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. E. Jones MD (Degree or title)		22b. ADDRESS Lilbourn Mo	22c. DATE SIGNED 8/12/59 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-13-59	23c. NAME OF CEMETERY OR CREMATORY Mounds Park Cem.	23d. LOCATION (City, town, or county) Near Lilbourn, Mo. (State)
24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 8-12-1959	26. REGISTRAR'S SIGNATURE H. L. Ponder Deputy

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Harold D. Pender

Licensed Embalmer No. 5030

P. O. Address Liberty

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.