

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001099

FILED VS FEB 8 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 116 A

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Barry									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 2 hrs.		c. CITY OR TOWN Seligman		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First HAROLD Middle AMOS Last LLOYD				4. DATE OF DEATH Month January Day 27 Year 1960									
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH June 9, 1919		9. AGE (last birthday) 40		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10b. KIND OF BUSINESS OR INDUSTRY Stave Mill		11. BIRTHPLACE (City and state or country) Barry County, Mo.			12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Amos Lloyd				13b. MOTHER'S MAIDEN NAME Savana Slaughterback				14. NAME OF HUSBAND OR WIFE Loretta Lloyd					
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. +88-24-2728		17. INFORMANT Address Mrs. Loretta Lloyd-Seligman, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing injury of chest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture, femur, left DUE TO (c) Fracture, clavicle, right										INTERVAL BETWEEN ONSET AND DEATH			
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Injured while working at a Stave Mill									
20c. TIME OF INJURY Hour 9:00 Month, Day, Year M-A 1-27-60				20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Stave Mill		20f. CITY, TOWN, OR LOCATION COUNTY STATE Seligman, Barry, Missouri			
21. I attended the deceased from 1-27-60 to 1-27-60 and last saw her/him alive on 1-27-60 Death occurred at 12:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) James T. Brown, MD						22b. ADDRESS Prof. Bldg Springfield Mo			22c. DATE SIGNED 2/1/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-31-1960		23c. NAME OF CEMETERY OR CREMATORY Seligman Cemetery				23d. LOCATION (City, town, or county) (State) Seligman, Missouri					
24. FUNERAL DIRECTOR ADDRESS Culver's Cassville, Missouri				25. DATE RECD. BY LOCAL REG. 2-4-60		26. REGISTRAR'S SIGNATURE Effie G. Melton							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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1961 3 1 09

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 Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Pasadena

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