

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-001327

FILED VS JAN 25 1960

Registration District No. 42 Primary Registration District No. 5586 Registrar's No. 5

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Hawell</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Baldsherey T.</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Hawell</u> c. CITY OR TOWN <u>Willow Springs</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>ESCO EZRA LOYD</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>Jan - 12 - 1960</u>			
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>2-28-1912</u>	<b>9. AGE (last birthday)</b> <u>47</u>	<b>IF UNDER 1 YEAR</b> Months <u>11</u> Days <u>17</u>	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>mill operator</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Fuel mill Douglas Co. MO.</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>U.S.A.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>Charles Loyal</u>		<b>13b. MOTHER'S MARRIAGE NAME</b> <u>Myrtle Bell</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Vera Loyal</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>711-09-2558</u>		<b>17. INFORMANT</b> Address <u>Vera Loyal Willow Springs MO.</u>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>uremia</u> DUE TO (b) <u>Bowel Obstruction</u> DUE TO (c) <u>General Carcinomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>mal nutrition</u>				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		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		
<b>20c. TIME OF INJURY</b> Hour Month, Day, Year a.m. p.m.						
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE		
<b>21. I attended the deceased from</b> <u>Sept 15<sup>th</sup> 1958</u> to <u>Jan-12-1960</u> and last saw her/him alive on <u>Jan-12-1960</u> Death occurred at <u>12:10</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <u>Harold W. Miller M.D.</u>			<b>22b. ADDRESS</b>		<b>22c. DATE SIGNED</b>	
<b>23a. BURIAL, CREMATION, or REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>1/16-1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>City Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Willow Springs MO.</u>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Willow Springs MO.</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>1-19-60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Laura Mitchell</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 TT

**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 Fred W. Barnes

Licensed Embalmer No. 4614  
P. O. Address Willow St

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.