

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003730

FILED VS. JAN 22 1960

Primary Registration District No. Registrar **3** **489**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 19 Yrs.		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5207 Grace		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROXYBELLE Middle LOYD Last				4. DATE OF DEATH Month Jan. Day 13, Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/9/33	9. AGE (last birthday) 26	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) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Annapolis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Everette Loyd			13b. MOTHER'S MAIDEN NAME Ruby Baldwin		14. NAME OF HUSBAND OR WIFE None		
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 Address Everette Loyd, 5207 Grace, St. Louis				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor pulmonale Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Kyphoscoliotic heart disease DUE TO (c) Kyphoscoliosis, severe						INTERVAL BETWEEN ONSET AND DEATH 2 years years years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 434.0					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 6:45A 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		COUNTY		STATE
21. I attended the deceased from 12/23/57 to 1/13/60 and last saw her alive on 1/13/60 Death occurred at 6:45A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) Max S. Franklin M.D.				22b. ADDRESS 607 N. Grand Ave.		22c. DATE SIGNED 1/14/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-16-60	23c. NAME OF CEMETERY OR CREMATORY Annapolis		23d. LOCATION (City, town, or county) Annapolis, Missouri		(State)	
24. FUNERAL DIRECTOR McLaughlin, 2301 Lafayette (4)			25. DATE RECD. BY LOCAL REG. JAN 14 1960		26. REGISTRAR'S SIGNATURE Earl Smith M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. MAX FRANKLIN
No. 711 - 117126 BODY
2. 4. THUR.

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

A. G. Farn

Licensed Embalmer No. 335

P. O. Address St. Louis

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.