

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023271

FILED VS JUL 13 1960

149

Primary Registration District No. 1002

Registrar's No. 3384

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>KANSAS</u> b. COUNTY <u>JACKSON</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>1 mo. 6 day</u>		c. CITY OR TOWN <u>Missouri</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			Inside Limit Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>6117 Glenwood</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Victor</u> Middle <u>D</u> Last <u>Lloyd</u>				4. DATE OF DEATH Month <u>June</u> Day <u>28</u> Year <u>1960</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-21-15</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Department Corps of Engineers</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CIVIL SERVICE</u>		11. BIRTHPLACE (City and state or country) <u>ROSENDALE, WIS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>WALTER LLOYD</u>			13b. MOTHER'S MAIDEN NAME <u>MABEL D. —</u>			14. NAME OF HUSBAND OR WIFE <u>Ellen C. Lloyd</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WTC</u>			16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>Miss H. Mulvaney</u>		Address <u>Missouri</u> <u>Kans.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gangrene of bowel</u> DUE TO (b) <u>Embolus to mesenteric artery</u> DUE TO (c) <u>Rheumatic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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 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		COUNTY STATE		
21. I attended the deceased from <u>Sept. 1958</u> to <u>June 25, '60</u> and last saw <u>her</u> him alive on <u>June 25, 60</u> Death occurred at <u>12:05 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>John B. Justus M.D.</u> (Degree or title)				22b. ADDRESS <u>4620 Nichols Pkwy</u> <u>K.C. Mo.</u>		22c. DATE SIGNED <u>6-25-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>June 26, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>National Memo. Cen</u>		23d. LOCATION (City, town, or county) (State) <u>Honolulu</u>		
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SON'S, MISSION, KANS.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>6-26-60</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF JOHN B. JUSTUS

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 Albert L. Savage

Licensed Embalmer No. H 812

P. O. Address Kenner, La.

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.