

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034290

FILED VS

OCT 13 1960

Registration District No. 098

Primary Registration District No.

Registrar's No. 94

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY DAVISS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY DAVISS	
b. CITY (if outside corporate limits, give TOWNSHIP only) UNION		Length of stay in 1b 1 MONTH	c. CITY OR TOWN GALLATIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOWELL BOARDING HOUSE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R. # 2
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JOHN Middle DAVID Last LOYD			4. DATE OF DEATH Month 10 - Day 5 - Year 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-24-1978	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months 11 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY RAY COUNTY MO	11. BIRTHPLACE (City and state or country) RAY COUNTY MO	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME DAVID LOYD		13b. MOTHER'S MAIDEN NAME TUNNAGE		14. NAME OF HUSBAND OR WIFE	

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. 486-09-4625	17. INFORMANT MINNIE, L. DOWNEN	Address GALLATIN, MO R. R. # 2
---	---	---	---------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arterial Sclerosis, Coronary Sclerosis	6 weeks
	DUE TO (c) Chronic nephritis, Prostate Hypertrophy	2 yrs

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.
Had E. K. a. at heart hospital Bethany md 1 yr ago, diagnosis Coronary arterial Sclerosis.		<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 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 **June 1958** to **10-5-60** and last saw her/him alive on **10-5-6**
 Death occurred at **10 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. W. Bailey (Degree or title)	22b. ADDRESS Gallatin, MO	22c. DATE SIGNED 10-7-60
---	-------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-8-60	23c. NAME OF CEMETERY OR CREMATORY WINSTON	23d. LOCATION (City, town, or county) (State) WINSTON MO
--	-----------------------------	--	--

24. FUNERAL DIRECTOR Virgil V. Stroup	ADDRESS WINSTON	25. DATE RECD. BY LOCAL REG. 10-8-60	26. REGISTRAR'S SIGNATURE Vergie Engelhart
---	---------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 18 1960

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 *Virgil W. Strong*

Licensed Embalmer No. *4074*

P. O. Address *Winston, N.C.*

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.