MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED MAY 15 1961

-61-014345
STATE FILE NUMBER

AMENDED

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora
Length of stay in 1b years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Lawrence
c. CITY OR TOWN Aurora
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 304 S. Elliott (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First THOMAS Middle HARKINS Last LOY
4. DATE OF DEATH Month May Day 6 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 2/23/69
9. AGE (last birthday) 92
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (City and state or country) Elkhart, Ind.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Henry Loy
13b. MOTHER'S MAIDEN NAME Barbara Harkins
14. NAME OF HUSBAND OR WIFE ----------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
17. INFORMANT Harold Loy Address Nevada, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac Failure — 4 yrs.
DUE TO (c) Atherosclerotic Cardiovascular Dis — 30 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatic Hypertrophy
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 9-28-57, to 5-6-61 and last saw him alive on 5-6-61
Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title)
22b. ADDRESS Aurora Mo.
22c. DATE SIGNED 5/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/8/61
23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery
23d. LOCATION (City, town, or county) (State) Aurora, Mo.
24. FUNERAL DIRECTOR Arnold's Funeral Home; ADDRESS Aurora, Mo.
25. DATE RECD. BY LOCAL REG. 5-9-1961
26. REGISTRAR'S SIGNATURE Minnie McNatt, Deputy

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

JUN 29 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James D. Crafton

Licensed Embalmer No. 4668

P. O. Address Aurora Me

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.