

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026293

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED **FILED AUG 1 1961** Registration District No. 291 Primary Registration District No. _____ Registrar's No. 51

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>PUTNAM Co. MO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PUTNAM</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL-ELM TMP</u>		Length of stay in lb <u>LIFE</u>		c. CITY OR TOWN <u>RURAL-ELM TMP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>GREENCASTLE MO</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>GREENCASTLE MO</u>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>SAM</u> Last <u>Lloyd</u>				4. DATE OF DEATH Month <u>JULY</u> Day <u>26</u> Year <u>1961</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>NOV-5-83</u>	9. AGE (last birthday) <u>77</u>		# UNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 HR <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>PUTNAM, Co MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>GEORGE LLOYD</u>			13b. MOTHER'S MAIDEN NAME <u>MAYIDA TURNMEYER</u>			14. NAME OF HUSBAND OR WIFE <u>LIZZIE LLOYD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>N</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>LIZZIE LLOYD - GREENCASTLE MO</u> Address			
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>Chronic degenerative</u> DUE TO (b) <u>arteriosclerosis & hypertension</u> DUE TO (c) _____ 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. <u>Senility</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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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>July 26-61</u> to <u>July 26-61</u> and last saw him alive on <u>July 26-61</u> . Death occurred at <u>11 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Chas. J. Gullett</u> (Degree or title)				22b. ADDRESS <u>Unionville, Mo</u>		22c. DATE SIGNED <u>7/26/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>7-30-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cox Cox</u>		23d. LOCATION (City, town, or county) (State) <u>ADAIR Co MO</u>		
24. FUNERAL DIRECTOR <u>F.D. Husted & Son</u> ADDRESS <u>Unionville</u>				25. DATE RECD. BY LOCAL REG. <u>7-29-61</u>		26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	

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 Muel B. Husted

Licensed Embalmer No. 3304

P. O. Address Summerville

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.