

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 170 -61-031567

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 3074

STATE FILE NUMBER

FILED SEP 5 1961

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Mississippi	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		Length of stay in 1b 1 1/2 days	c. CITY OR TOWN Charleston
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 501 W. Commercial
3. NAME OF DECEASED (Type or print) First MIDDLE LAST JESS GORDON LLOYD		4. DATE OF DEATH Month Day Year 8-23-61	

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/27/93	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man	10b. KIND OF BUSINESS OR INDUSTRY Public Schools	11. BIRTHPLACE (City and state or country) Michigan	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ethel Moody Lloyd
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	17. INFORMANT Ethel Lloyd, Charleston, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE General. G. Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) WHITE	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
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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.) Spontaneous
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20c. TIME OF INJURY Hour s.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.) Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at Nov. 1960 7:50 A.M.	to 8-23-61 and last saw him live on 8-23-61
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22a. SIGNATURE Carl G. Poppe M.D.	(Degree or title)	22b. ADDRESS Sikeston, Mo	22c. DATE SIGNED 8-23-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/25/61	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) (State) Charleston, Mo.
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24. FUNERAL DIRECTOR McMikle, Charleston, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 8-30-61	26. REGISTRAR'S SIGNATURE M. E. Hunter
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no.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SEP 7 1961

DEC 12 1962

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 BRUCE R AUSTIN, Student Embalmer No. 613  
working under my personal supervision.

Student Bruce R Austin  
Signature of Student Embalmer

Signed Edwin M. White

Licensed Embalmer No. 4695  
P. O. Address Charleston

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.