

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015036

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 75

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 8 1962

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>South Fork</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) <u>John David Loy</u>			4. DATE OF DEATH <u>April 29, 1962</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>whi.</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>5/22/1876</u>	9. AGE (last birthday) <u>85 yrs.</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>		11. BIRTHPLACE (City and state or country) <u>Moody, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>George Loy</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Matney</u>	
14. NAME OF HUSBAND OR WIFE <u>Nellie G. Fielder</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Mrs. John D. Loy, South Fork, Mo.</u>		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) <u>Acute Pulmonary Edema</u>		DUE TO (b) <u>Urteral Insufficiency</u>	
DUE TO (c) <u>Arteriosclerosis, Chr. Generalized</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Ac. Gastro-enteritis, Prostatitis, Hemis</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		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	

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"/>	20c. TIME OF INJURY Hour <u>7:00</u> a.m. Month, Day, Year <u>23-4-62</u>	
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 <u>West Plains, Mo</u>		20g. COUNTY <u>Howell</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>7:00 a.m.</u> to <u>7:00 a.m.</u> and last saw him alive on <u>29-4-62</u> Death occurred at <u>7:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>West Plains, Mo</u>	
22c. DATE SIGNED <u>5/2/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>5/2/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Willow Grove Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Moody, Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Robertson's, West Plains, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-4-62</u>	
26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 ITEM NO. SHOULD READ
 INSTEAD OF
 DOCUMENT
 BY AFFIDAVIT OF
 MEDICAL CERTIFICATION
 USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59	
<u>0465</u>	
<u>20460-</u>	
3	
4 <u>1</u>	
5 <u>1</u>	
6	
7 <u>0</u>	
8 <u>2</u>	
<u>9421.0</u>	
10	
11	
<u>125-0</u>	
<u>131-0</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 *J. D. Robertson*

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

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.