

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018317

STATE FILE NUMBER

Registration District No. 65 Primary Registration District No. 3011 Registrar's No. 57

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0171
2 0210

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4 1
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9 286.5

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12 86-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

PLACE OF DEATH MAY 22 1962

1. a. COUNTY CARROLL b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN CARROLLTON Length of stay in 1b 1 DAY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CHARITON c. CITY OR TOWN BRUNSWICK Inside Limits Yes No d. STREET ADDRESS (If outside, give location) HICKORY ST. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last ANNA VELMA LOY 4. DATE OF DEATH Month Day Year APRIL 20 1962

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-10-1880 9. AGE (last birthday) 82 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City and state or country) WAKENDA, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JAMES WINFREY 13b. MOTHER'S MAIDEN NAME SARAH HOUSEWORTH 14. NAME OF HUSBAND OR WIFE CHARLES LOY

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. NONE 17. INFORMANT LELAND LOY, FORT LEONARD WOOD 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) Fibroid Heart INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic myocarditis
DUE TO (c) Malnutrition starvation no identity

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. 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 Oct 2 1958 to April 20 1962 and last saw her/him alive on April 20 1962 Death occurred at April 20 8 am 62 on the date stated above, and to the best of my knowledge, from the causes stated. 5:30 PM

22a. SIGNATURE (Degree or title) Dr. J. R. Peter M.D. 22b. ADDRESS Brunswick Mo 22c. DATE SIGNED 4/23-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE APR. 23, 1962 23c. NAME OF CEMETERY OR CREMATORY ELLIOTT GROVE 23d. LOCATION (City, town, or county) (State) BRUNSWICK MISSOURI

24. FUNERAL DIRECTOR HEISELY KOCH, BRUNSWICK, MO. ADDRESS 25. DATE RECD. BY LOCAL REG. 4/23/62 26. REGISTRAR'S SIGNATURE Mr. Herbert Caber

USE BLACK INK OR TYPEWRITER RIBBON

JAN 2 1963
FEB 6 1963

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 William R. Koch

Licensed Embalmer No. 4751

P. O. Address Brunswick, 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.