

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020095

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 242

FILED JUN 12 1962

VS 300
Rev. 4/59

1 0945

2 20945

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4 0

5 1

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7 0

8 2

9 4200

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>St. Francois</u>		a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>316 W. Liberty</u>		c. CITY OR TOWN <u>Farmington</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Farmington</u>		d. STREET ADDRESS (If outside, give location) <u>316 W Liberty St</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>Thomas</u> Middle <u>Ruffner</u> Last <u>Lloyd</u>		Month <u>June</u> Day <u>5</u> Year <u>1962</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>9/4/91</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Business</u>	9. AGE (last birthday) <u>70</u>
11a. BIRTHPLACE (City and state or country) <u>Farmington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Robert Lloyd</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Blue</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel O'Neal Lloyd</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service; if no, or unknown) <u>Yes World War II</u>		17. INFORMANT Address <u>Mrs Mabel Lloyd Farmington, 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>CORONARY Thrombosis</u>			<u>5 mid</u>
DUE TO (b) <u>Arteriosclerotic HEART DISEASE</u>			<u>4 yrs</u>
DUE TO (c) _____			
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. <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"/>	20. 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>May 1958</u> to <u>6-5-62</u> and last saw him alive on <u>5-30-62</u> Death occurred at <u>11:10 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>C.E. Carleton M.D.</u>		22b. ADDRESS <u>Farmington, Mo</u>	22c. DATE SIGNED <u>6-7-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/8/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>K Of P</u>	23d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>
24. FUNERAL DIRECTOR <u>C. H. Cozean Farmington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>June 7, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Ethered Rudloff</u>

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 1962

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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 CH Cozart

Licensed Embalmer No. 04084

P. O. Address San Jose 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.