# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011049

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 37

FILED APR 8 1963

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

1 0330
2 10702
3
4 0
5 1
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7 1
8 2
9 9148
10 8
11 033
12 92-3
13 1-0

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: W. Springcreek Twsp. — Length of stay in 1b: hours
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): DOA Hart Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Texas
c. CITY OR TOWN: Licking — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): ---------- — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Bobby — Middle: Dean — Last: Loyd

4. DATE OF DEATH: Month: April — Day: 1 — Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-21-27

9. AGE (last birthday): 35 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman

10b. KIND OF BUSINESS OR INDUSTRY: Electric Coop.

11. BIRTHPLACE (City and state or country): Dawson, Oklahoma

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Fred Loyd

13b. MOTHER'S MAIDEN NAME: Ruth Haggard

14. NAME OF HUSBAND OR WIFE: Ester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates c[redacted]): Korean

16. SOCIAL SECURITY NO.:

17. INFORMANT: Ester Loyd — Address: Licking, Missouri

18. CAUSE OF DEATH (Enter only one cause p[redacted]

PART I. DEATH WAS CAUSED B[redacted]

IMMEDIATE CAUSE (a): Electrocution

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Contact with 7200 Volt line

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

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

MEDICAL CERTIFICATION

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.): Working on pole, touched line

20c. TIME OF INJURY: 1:15 Hour ~~a.m.~~ p.m. — Month, Day, Year: 4-1-63

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.): Outdoor power line

20f. CITY, TOWN, OR LOCATION: W. Springcreek Tsp. — COUNTY: Dent — STATE: Missouri

21. I attended the deceased from -- to -- and last saw her/him alive on --

Death occurred at 1:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hayden B. Powell, Dr. Corner

22b. ADDRESS: Salem, Missouri

22c. DATE SIGNED: 4-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 4-2-63

23c. NAME OF CEMETERY OR CREMATORY: Licking Cemetery

23d. LOCATION (City, town, or county): Texas County — (State): Missouri

24. FUNERAL DIRECTOR: Smith-Ferguson — ADDRESS: Licking, Mo.

25. DATE RECD. BY LOCAL REG.: 4-2-63

26. REGISTRAR'S SIGNATURE: M M Hart, M.D. by Am

(Licensed Embalmer's Statement on Reverse Side)

APR 10 1963

MAY 14 1963

MAY 22 1963

FEB 13 1964

**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 Max L Warfel

Licensed Embalmer No. 4170

P. O. Address Salem, 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.