

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0025688

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **2764**Primary Registration District No. **3000**Registrar's No. **235**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/591 **0017**2 **0860**3 **1**4 **0**5 **2**

6

7 **0**8 **2**9 **3-22**

10

11

12 **3-2**13 **1-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

**Adair**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Kirksville**

Length of stay in lb

**5 days**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Laughlin Hospital**Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

**Missouri**

b. COUNTY

**Putnam**c. CITY  
OR TOWN**Green Castle**Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS**Rural Route 2**Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**Isaac Thomas Lloyd**4. DATE  
OF DEATH

Month

Day

Year

**July 11 1964**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**Cau**7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

**3/25/1887 77**

## 9. AGE (last birthday)

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)

**Farmer**

10b. KIND OF BUSINESS OR INDUSTRY

**General Farming**

11. BIRTHPLACE (City and state or country)

**Putnam Co, Mo**

12. CITIZEN OF WHAT COUNTRY

**USA**

## 13a. FATHER'S NAME

**George Lloyd**

## 13b. MOTHER'S MAIDEN NAME

**Matilda Turnmire**

## 14. NAME OF HUSBAND OR WIFE

**Hester Elizabeth Lloyd**

## 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

**Curtis W. Lloyd, R.R. 2, Green Castle, Mo.**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

**Medullary failure**INTERVAL BETWEEN  
ONSET AND DEATH  
Mins.**15-20 Mins.**

## DUE TO (b)

**Cerebral anoxia**

## DUE TO (c)

**Cerebral thrombosis****5 days**

## 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 ☐ Unknown19. 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  
INJURYHour  
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

**7-7-64****7-11-64**and last saw **him** alive on **7-11-64**Death occurred at **12:30 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATOR

23d. LOCATION (City, town, or county)

(State)

**Burial****Jul 13, 1964****Cox Cemetery****Adair County, Missouri**

## 24. FUNERAL DIRECTOR

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

**Glen E. Bent & Son, Green City, Mo July 24, 1964****Doris W. Galtiff**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Permit issued July 11, 1968

JACK A. AUSTIN, D.O.

**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

Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address

Green City, 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.