

S. No. 300
M-10-47
v. 5-17-39
I 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16126
Registrar's No. 106

Registration District No. 137

Primary Registration District No. 4214

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Deepwater Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Deepwater 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leslie Eugene Loyd.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-16-5800

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 3
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Jan 23 1898
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Deepwater Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Stephen J. Loyd

13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Fisher
15. Birthplace Mattoon Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant S. D. Loyd

(b) Address Deepwater Mo.

17. (a) Burial (b) Date thereof May 16 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wm Deuring Cem.

18. (a) Signature of funeral director Tom Herring

(b) Address Deepwater Mo.

19. (a) 5-16-48 (b) R. R. Kennedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 13
year 1948 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 13th 1948, to May 18 1948
that I last saw him alive on MAY 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Chronic Myocarditis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Fall on Street & Paved away on foot route late

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street near & Paved on Street
While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature of C. R. Proulx (M. D. or other) MD

Address Deepwater Mo Date signed 5-15-48

RECEIVED

District Health Officer No. 7,

District File Number 4-48-558

Date Filed 5-24-48

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Gom Hurst

Licensed Embalmer No. 2782

P. O. Address Deepwater 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 this body is not embalmed, fact should be so stated above.