

FILED AUG 12 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68 0028428

## CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 185

VS 300

Rev. 1/68

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <b>DAVID</b>		<b>ALMA</b>	<b>LOYD</b>	<b>Male</b>	3. <b>August 6, 1968</b>		COUNTY OF DEATH	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)			
4. <b>White</b>		5a. <b>67</b>	5b.	5c.	6. <b>May 10, 1901</b>		7a. <b>Henry</b>	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. <b>Clinton</b>		7c. <b>Yes</b>		7d. <b>MKT Railroad tracks</b>				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. <b>Missouri</b>		9. <b>USA</b>		10. <b>Widowed</b>		11. <b>None</b>		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. <b>Unknown</b>		13a. <b>Laborer</b>		13b. <b>General Labor</b>				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER (SPECIFY YES OR NO)			
14a. <b>Missouri</b>		14b. <b>Henry</b>	14c. <b>Clinton</b>		14d. <b>No</b> 14e. <b>RFD 5</b>			
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
15. <b>William Loyd</b>		16. <b>Marry Belle Foster</b>						
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. <b>Mrs Charles Loyd</b>				17b. <b>RFD 4, Clinton, Missouri 64735</b>				
PART I. DEATH WAS CAUSED BY		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18		IMMEDIATE CAUSE						
		(a) <b>Decapitation - Surrance of</b>					<b>Immed.</b>	
		(b) <b>Head from Trunk.</b>						
		(c)						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST								
PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)		
<b>Surrance of Arm.</b>						19a. <b>No</b>		
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						19b.		
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a. <b>Accident.</b>		20b. <b>8-6-68</b>		20c. <b>5:45 P.M.</b>	20d. <b>Run over by train</b>			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
20e.		20f.		20g. <b>MKT Trunk - Clinton Mo.</b>				
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	
21a. I ATTENDED THE DECEASED FROM		TO		AND LAST SAW HIM/HER ALIVE ON		I DID/DIDNOT VIEW THE BODY AFTER DEATH.		
21b. <b>unattended</b>		21c.		21d.		21e. <b>40</b>		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
22a.		22b. <b>8 6 68</b>		22c. <b>8 30</b>		22d. <b>5 A</b>		
CERTIFIED—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
23a. <b>Richard H. King M.D.</b>		23b. <b>Richard H. King M.D.</b>		23c. <b>8-6-68</b>				
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP		
23d. <b>Monroe County Coroner</b>		23e. <b>10th S. 3rd</b>		23f. <b>Clinton Mo.</b>		23g. <b>64735</b>		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE				
24a. <b>Burial</b>		24b. <b>Englewood</b>		24c. <b>Clinton, Missouri</b>				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24d. <b>Aug. 7, 1968</b>		24e. <b>Consalus Funeral Home, 209 S. Second, Clinton, Mo. 64735</b>						
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25a. <b>E. R. Consalus</b>		25b. <b>Mildred Begum</b>		25c. <b>8-6-68</b>				

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.DO NOT WRITE  
ON THIS STUB

9. 0

10a. 67

10b. 91

11. 0

12. 2

13. 8059

14. 4

15. 51

16. 0420

17. 042

18. 0

19. CREDITS

20. 1-0

DATE OF DEATH \_\_\_\_\_  
 TIME OF DEATH \_\_\_\_\_  
 PLACE OF DEATH \_\_\_\_\_  
 NAME OF DECEASED \_\_\_\_\_  
 SEX \_\_\_\_\_  
 AGE \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_  
 CAUSE OF DEATH \_\_\_\_\_  
 PLACE OF BURIAL \_\_\_\_\_  
 NAME OF FUNERAL HOME \_\_\_\_\_  
 NAME OF EMBALMER \_\_\_\_\_  
 ADDRESS OF EMBALMER \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_  
 ZIP CODE \_\_\_\_\_

0-31-20  
 Henry Foster

**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 Not Embalmed Student Embalmer No. \_\_\_\_\_

working under my personal supervision.  
 Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed Eugene R. Consalus

Licensed Embalmer No. 4680  
 P. O. Address Clinton, 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.

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