

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 174

DO NOT WRITE ON THIS STUB

- 9. 0
- 10a. 72
- 10b.
- 11. 0
- 12. 0
- 13. 7963
- 14.
- 15. 9
- 16.
- 17.
- 18. 0
- 19. CREDITS
- 20. 1-0

VS 300
Rev. 1/68

4. 0425
5. 90

DECEASED

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

6. 0425
PARENTS

DECEASED—NAME FIRST MIDDLE LAST Willaim Bryan Loyd			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) June 4, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White		AGE—LAST BIRTHDAY (YEARS) Mo. 5 Days 23	UNDER 1 YEAR MOS. 5 DAYS 23	UNDER 1 DAY HOURS 11 MIN. 18	DATE OF BIRTH (MONTH, DAY, YEAR) Dec. 11, 1896
CITY, TOWN, OR LOCATION OF DEATH Clinton			INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Forest Central Hotel	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Missouri		CITIZEN OF WHAT COUNTRY USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married	
SOCIAL SECURITY NUMBER 490 42 9053		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Farmer		KIND OF BUSINESS OR INDUSTRY	
RESIDENCE—STATE Missouri	COUNTY Henry	CITY, TOWN, OR LOCATION Clinton		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	STREET AND NUMBER Forest Central Hotel
FATHER—NAME FIRST MIDDLE LAST Allen T. Loyd			MOTHER—MAIDEN NAME FIRST MIDDLE LAST Jennie Evelyn Stewart		
INFORMANT—NAME Flossie F. Douglas			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 213 So. Water St. Clinton, Mo. 64735		

CAUSE

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) <u>Unknown Natural Causes</u>		<u>Immediate</u>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b)		
		(c)		

CERTIFIER

PART II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO) 19c.	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) M. 20d.		
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.			

BURIAL

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <u>unattended</u> TO <u>unattended</u> DECEASED FROM <u>unattended</u> TO <u>unattended</u>		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR		I DID/VIEWED THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
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 <u>Approx. 11:45 p.m.</u>		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR <u>6-5-69</u>	DATE SIGNED (MONTH, DAY, YEAR) <u>12:45 p.m. 6-11-69</u>
CERTIFIER—NAME (TYPE OR PRINT) <u>Richard H. Kinney M.D.</u>		SIGNATURE <u>Richard H. Kinney M.D.</u>		DEGREE OR TITLE <u>M.D.</u>	
MAILING ADDRESS—CERTIFIER <u>1063 34 Clinton Mo 64735</u>		STREET OR R.F.D. NO. <u>Clinton Mo</u>		CITY OR TOWN STATE ZIP <u>Clinton Mo 64735</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a.	CEMETERY OR CREMATORY—NAME Englewood Cemetery		LOCATION CITY OR TOWN STATE Clinton, Mo.		
DATE (MONTH, DAY, YEAR) June 7, 1969	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Vansant Funeral Home, 314 W. Jefferson St., Clinton, Mo. 64735				
FUNERAL DIRECTOR—SIGNATURE <u>Vansant</u>	REGISTRAR—SIGNATURE <u>Melvin Begun</u>		DATE RECEIVED BY LOCAL REGISTRAR <u>6-11-69</u>		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

6961 0 8 NHP

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 *A.D. Vansant*

Licensed Embalmer No. 3779

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.

Permit obtained 6-11-69
(WB)