

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19446

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 690

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> <u>0117</u>	
c. LENGTH OF STAY (in this place) <b>3- Years</b>		d. STREET ADDRESS (If rural, give location) <b>3023 Burnside Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3023 Burnside Street</b>		e. FULL NAME OF HOSPITAL OR INSTITUTION <b>3023 Burnside Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Washington</b> c. (Last) <b>Blloyd</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 23, 1951</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 28, 1881</b>	9. AGE (in years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Labor Freight Ho.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rock Island R.R.</b>		11. BIRTHPLACE (State or foreign country) <b>Hancock County, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>John Blloyd</b>			13b. MOTHER'S MAIDEN NAME <b>Melvina Spoonemore</b>			14. NAME OF HUSBAND OR WIFE <b>Pearl</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>491-24-5863</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Pearl Blloyd</b>		ADDRESS <b>3023 Burnside St.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 to 4 mos</b>  <b>1 year</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Stomach</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 1951, to June 23, 1951, that I last saw the deceased alive on June 16, 1951, and that death occurred at 11:45A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Allen S. Newman M.D.</b> (Degree or title)	23b. ADDRESS <b>Kirkpatrick Building St. Joseph, Missouri</b>	23c. DATE SIGNED <b>6-27-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 26, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Andrew County Hi Way K. Mo.</b>		

DATE REC'D BY LOCAL REG. <b>July 2, 1951</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casper</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stamey Funeral Home</b>	ADDRESS <b>235 St. Joseph Ave.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph, 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.