

FILED SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30859

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5780 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Mo. b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) Cedar		c. CITY (If outside corporate limits, write RURAL and give township) Cedar 0660	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saline Township		d. STREET ADDRESS (If rural, give location) Saline Township	

3. NAME OF DECEASED (Type or Print) PEARL	a. (First)	b. (Middle)	c. (Last) Cloyd	4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1951
---	------------	-------------	--------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 5 1890	9. AGE (In years last birthday) 60	10. UNDER 1 YEAR Months Days Hours Min.
----------------	---------------------------	---	---------------------------------	---------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Springfield, Mo., U.S.A.	12. CITIZEN OF WHAT COUNTRY?
--	-----------------------------------	---	------------------------------

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE David C. Cloyd
-------------------------------	--------------------------------------	---

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'S SIGNATURE OR NAME D.C. Cloyd	ADDRESS Cedar, Mo.
--	---------------------------------	---	-----------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocarditis		immediate
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Sept 7, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Walter P. Nease, Coroner	(Degree or title)	23b. ADDRESS Beris, Mo.	23c. DATE SIGNED Sept 7, 1951
--	-------------------	----------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE Sep 9, 1951	24c. NAME OF CEMETERY OR CREMATORY Cedar	24d. LOCATION (City, town, or county) (State) Cedar, Mo.
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. Sept 8, 51	REGISTRAR'S SIGNATURE Alvina Walt	25. FUNERAL DIRECTOR'S SIGNATURE D. Phillips	ADDRESS Cedar
--	--------------------------------------	---	------------------

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

662

RECEIVED

SEP 11 1951

MILLER COUNTY HEALTH
DEPARTMENT

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 *Louis H. Sullivan*

Licensed Embalmer No. *2663*

P. O. Address *Leeds*

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.