

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300  
10.48

BIRTH NO. REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY OR TOWN <u>Salisbury</u>		c. CITY OR TOWN <u>Salisbury</u> 0210	
c. LENGTH OF STAY (in this place) <u>April 8 months</u>		d. STREET ADDRESS (If rural, give location) <u>207 West 8th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 West 8th St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Yaughn</u> c. (Last) <u>Cloyd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4 - 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>April 16 - 1874</u>		9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 24 HRS. <u>18</u> Months <u>1</u> Days <u>18</u> Hours <u>24</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Jordan Parks</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Butler</u>	
14. NAME OF HUSBAND OR WIFE <u>William Logan Cloyd</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wm Cloyd</u>		17. ADDRESS <u>Salisbury Mo</u>			

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		DUE TO (b) <u>Cerebral Hemorrhage</u>				<u>one day</u>	
ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				<u>7 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>1</u>		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				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) (Min.)		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 April 8, 1954, to June 4, 1954, that I last saw the deceased alive on June 4, 1954, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. Noel Rains D.O.</u>		23b. ADDRESS <u>Clifton Hill</u>		23c. DATE SIGNED <u>6-5-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-7-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Chariton County Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. B. Winkelmeier</u>		25. ADDRESS <u>Salisbury Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-5-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		55	

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 Chas B. Weikelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.