

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1955

State File No. 984

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>	c. LENGTH OF STAY (in this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Deepwater</u> 0920	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Stephen b. (Middle) Dexter c. (Last) Loyd 4. DATE OF DEATH (Month) (Day) (Year) Jan 5 - 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Nov. 25 - 1895 9. AGE (in years last birthday) 78 10. MONTHS 1 11. DAYS 10 12. HOURS 1 13. MIN. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mines 10b. KIND OF BUSINESS OR INDUSTRY Coal Mines 11. BIRTHPLACE (City and State or Foreign Country) Deepwater, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Stephen J. Loyd 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Geraldine Loyd

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. 495-09-7294 17. INFORMANT'S SIGNATURE OR NAME Geraldine Loyd ADDRESS Deepwater, 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Lower pneumonia (b) Anterior wall infarction (c) 3 days

INTERVAL BETWEEN ONSET AND DEATH 3 days

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  NO

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) 490X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 12-29-1954, to 1-5-1955, that I last saw the deceased alive on 1-4-1955, and that death occurred at 1 A m., from the causes and on the date stated above.

23a. SIGNATURE R. J. Powell (Degree or title) Dr. 23b. ADDRESS Clinton Mo 23c. DATE SIGNED 1/5/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 7-55 24c. NAME OF CEMETERY OR CREMATORY Wm. Jennings Lee 24d. LOCATION (City, town, or county) (State) Deepwater, P. R. Mo.

DATE REC'D BY LOCAL REG. Jan 7-55 REGISTRAR'S SIGNATURE Florence 25. FUNERAL DIRECTOR'S SIGNATURE Adair ADDRESS Tom Hurst, Deepwater Mo

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 \_\_\_\_\_

Licensed Embalmer No. 2782

P. O. Address Deepwater

**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.