

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33916**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **3036** Registrar's No. **2192**

1. PLACE OF DEATH a. COUNTY <b>LAWRENCE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>LAWRENCE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Aurora</b>		c. CITY OR TOWN <b>Aurora</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		• STREET ADDRESS (If rural, give location) <b>423 East College St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Aurora Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lloyd</b> b. (Middle) <b>O</b> c. (Last) <b>Fly</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 6-1955</b>
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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>Oct 11-1902</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 WRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CORA Cola Bottling Co.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>LAWRENCE</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Jasper Fly</b>	13b. MOTHER'S MAIDEN NAME <b>Alice Etta Dotson</b>	14. NAME OF HUSBAND OR WIFE <b>Lois Fly</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>496-05-0748</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ms Lois Fly, Aurora Mo.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cosmomy thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) <b>4201</b>		
	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 4**, 19**55** to **Oct 6**, 19**55**, that I last saw the deceased alive on **10-6**, 19**55**, and that death occurred at **10:10** p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. D. Cowan</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Aurora Mo.</b>	23c. DATE SIGNED <b>10/10/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 9, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE PARK CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>Aurora, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10-22-55</b>	REGISTRAR'S SIGNATURE <b>Ora Mc Natt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm L. ...</b>	ADDRESS <b>Aurora, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 20 1958

**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 *Myself*....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ben L. Marsh*.....

Licensed Embalmer No. 381

P. O. Address *Person*

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.