

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1081**

BIRTH NO. _____ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3024** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY OR TOWN Fayette		c. CITY OR TOWN New Franklin	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) 18 days		STREET ADDRESS (If rural, give location) 117 East Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Lewis c. (Last) Bloyd			4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 18, 1875	9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lacon County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME Martin Bloyd	13b. MOTHER'S MAIDEN NAME Mary Graves	14. NAME OF HUSBAND OR WIFE Tonie Bloyd
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alta E. Mitchell	ADDRESS E. St. Louis 11
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day 3 weeks 3 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (2) Arteriosclerosis with Gangrene Left Leg.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) (3) Ch. myocarditis			

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) 4201 (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-15**, 19**57**, to **1-15**, 19**58**, that I last saw the deceased alive on **1-15**, 19**58**, and that death occurred at **9:10** m., from the causes and on the date stated above.

23a. SIGNATURE W. Bloom M.D. (Degree or title)	23b. ADDRESS Fayette Mo	23c. DATE SIGNED 1-16-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 17, 58	24c. NAME OF CEMETERY OR CREMATORY Chariton Cemetery	24d. LOCATION (City, town, or county) (State) Callao, Missouri.
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DATE REC'D BY LOCAL REG. 1-16-58	REGISTRAR'S SIGNATURE Mary K Shell	25. FUNERAL DIRECTOR'S SIGNATURE MARKLAND-HALL ADDRESS NEW FRANKLIN, Mo.
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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.....
Signature of Student Embalmer

Signed *Tom D. Markland*.....

Licensed Embalmer No. *459*.....

P. O. Address *New France*.....

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.