

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017288  
STATE FILE NUMBER

FILED MAY 19 1958

Registration District No. 30 Primary Registration District No. 5104 Registrar's No. 15

S. 300  
1-57

0080

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARSAW Tom Star</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Warsaw</u> 0088		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u>			Length of stay in 1b <u>7 years.</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>LLOYD</u> Middle <u>W.</u> Last <u>DAY.</u>				4. DATE OF DEATH Month <u>May</u> Day <u>13</u> Year <u>1958</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 10, 1881</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer owner</u>		11. BIRTHPLACE (City and state or country) <u>Henry Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Elmer Day</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Gaff.</u>			14. NAME OF HUSBAND OR WIFE <u>Florence Day</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>517-12-8491A</u>		17. INFORMANT <u>Florence Day</u>		Address <u>Warsaw Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial failure</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>Anoxia</u>				6 hrs		
			DUE TO (c) <u>Pulmonary Emphysema</u>				7 years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a.m. <u></u> p.m. <u></u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>May 1955</u> to <u>May 12, 1958</u> and last saw her alive on <u>May 12, 1958</u> Death occurred at <u>7:45 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>G. Rhodes, M.D.</u> (Degree or title)			22b. ADDRESS <u>Warsaw, Mo.</u>			22c. DATE SIGNED <u>5/15/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 15, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>		23d. LOCATION (City, town, or county) <u>Warsaw Benton Co., Mo</u> (State)				
24. FUNERAL DIRECTOR <u>John F. Reser</u> ADDRESS <u>Warsaw</u>			25. DATE RECD. BY LOCAL REG. <u>May-15-1958</u>		26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>				

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 *John F. Reser* .....

Licensed Embalmer No. *4098* .....

P. O. Address *Waco* .....

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.