

FILED NOV 17 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40031**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3057** Registrar's No. **88**

1. PLACE OF DEATH a. COUNTY <b>RAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <b>Orrick, Richmond</b>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <b>Orrick</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>North Western Auto</b>		d. STREET ADDRESS (If rural, give location) <b>Store</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>I.</b> c. (Last) <b>LOYD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 6, 53</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>4-24-1890</b>	9. AGE (In years last birthday) <b>63</b>	10. MONTHS <b>6</b>	11. DAYS <b>0</b>	12. HOURS <b>0</b>	13. MIN. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Camden, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Bud Loyd</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Greene Rhoda Brinkley</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Rhoda Loyd-Orrick, Mo.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give year or dates of service) <b>W.W. one</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Rhoda Loyd-Orrick, Mo.</b>	18. 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</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) _____		
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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. John F. Baker, 3</b>	(Degree or title)	23b. ADDRESS <b>Corner Richmond Mo</b>	23c. DATE SIGNED <b>11-7-53</b>
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24a. BURIAL: CREMATION, REMOVAL (Specify)	24b. DATE <b>Nov. 9, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Craven Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Camden, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Nov 10-1953</b>	REGISTRAR'S SIGNATURE <b>Michael Jackson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>B. W. Good</b>	ADDRESS <b>Orrick, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0891  
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no. 11

NOV 18 1953  
NOV 17 1953

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed Charles J. Tyle

Licensed Embalmer No. 4634

P. O. Address Liberty Md.

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.