

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11660**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4057 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Virginia</u> b. COUNTY _____	
b. CITY OR TOWN <u>Quilin</u>		c. CITY OR TOWN <u>Woodbridge</u>	
c. LENGTH OF STAY (in this place) <u>2 mo.</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homes of Howard Dalby</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Billy</u>	b. (Middle) <u>Joe</u>	c. (Last) <u>Floyd</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept. 25, 1927</u>	9. AGE (in years last birthday) <u>21</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>23</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soda fountain clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Floyd</u>	13b. MOTHER'S MAIDEN NAME <u>Lucille Moore</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>577-34-7941</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Floyd</u>	ADDRESS <u>Woodbridge Virginia</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.  DUE TO (b) <u>Rheumatic fever</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4</u>			<u>400X</u>

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 Feb 17, 1949 to April 18, 1949, that I last saw the deceased alive on Apr 17, 1949, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Larkin O. Henrickson</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Caplar Bluff, Mo.</u>	23c. DATE SIGNED <u>4/22/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 21, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near New Madrid, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 23, 1949</u>	REGISTRAR'S SIGNATURE <u>W.H. Johnson by Cheryl Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Landes Funeral Home</u>	ADDRESS <u>Campbell, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12  
0  
0

904  
44  
0  
2

APR 25 REC'D

BUTLER COUNTY HEALTH CENTER  
FORENSIC DEPARTMENT

449-75

4-25-49

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**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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Mo

**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.