

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22591

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>749</u>
1. PLACE OF DEATH a. COUNTY <u>Beaumont</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Beaumont</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph, Rural</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>		d. STREET ADDRESS (If rural, give location) <u>R. P. D. # 2.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>		b. (Middle) <u>none</u>		c. (Last) <u>FLOYD.</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>7-3-1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-13-1862.</u>	9. AGE (In years last birthday) <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paralel</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Berkshire - England</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas Floyd</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth ?</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. C. Floyd, St. Joseph, Missouri</u> ADDRESS <u>R. P. D. # 2</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>gangrene right foot</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>35 years</u> <u>4501</u> <u>30 days.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>10-3-1945</u> to <u>7-3-1949</u> , that I last saw the deceased alive on <u>7-3-</u> , 19 <u>49</u> and that death occurred at <u>5:15 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>J. H. Harverson - M.D.</u>		23b. ADDRESS <u>St. Joseph Mo. State Hospital No. 2</u>		23c. DATE SIGNED <u>7-4-49.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-6-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sugar Creek</u>
24d. LOCATION (City, town, or county) (State) <u>Rushville, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>July 7, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John C. Neff</u> ADDRESS <u>St. Joseph, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....

*John E. Reep*  
Licensed Embalmer No. *3986*  
P. O. Address *St. Joseph,*

Signed.....  
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.