

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **23019****2866**BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 65 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS (If rural, give location) 3021 DeGroff		3448		
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Thomas		c. (Last) Floyd		
4. DATE OF DEATH (Month) (Day) (Year) 7 6 51		5. SEX Ma		6. COLOR OR RACE Wh		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-31-1877		9. AGE (In years less birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 74		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret'd Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (State or foreign country) Garrard County, Kentucky		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME No Record		13b. MOTHER'S MAIDEN NAME No Record		
14. NAME OF HUSBAND OR WIFE Sophie D. Floyd		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. XX		
17. INFORMANT'S SIGNATURE OR NAME Mrs. Sophie D. Floyd		ADDRESS 3021 DeGroff Way				
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) Encephalomalacia of brain stem		DUE TO (b) Cerebral thrombosis				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						332X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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>July 2, 1951</u> , to <u>July 6, 1951</u> , that I last saw the deceased alive on <u>July 6, 1951</u> , and that death occurred at <u>7:51A m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE B. I. Burns, M.D.		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 7-6-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 7-7-51		24c. NAME OF CEMETERY OR CREMATORY Elmwood		
24d. LOCATION (City, town, or county) (State) Kansas City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. M. Wagner		ADDRESS K. C. Mo.		
DATE REC'D BY LOCAL REG. 7-6-51		REGISTRAR'S SIGNATURE Geralline Helmer				

(Licensed Embalmer's Statement on Reverse Side)

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

A. R. Hauschild

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 *A. R. Hauschild*

Licensed Embalmer No. *4159*

P. O. Address *K. C. 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.