

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18757**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5554 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <b>HOWELL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>HOWELL</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POTTERSVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POTTERSVILLE</b>	
c. LENGTH OF STAY (in this place) <b>49 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>R R D</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>XY</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FLOYD</b> b. (Middle) <b>CRONEY</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>5-23-54</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>5-12-1905</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Days <b>11</b> Hours <b>0</b> Min.
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 <b>X</b>	11. BIRTHPLACE (State or foreign country) <b>DORA, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U SA</b>

13a. FATHER'S NAME <b>MARION CRONEY</b>	13b. MOTHER'S MAIDEN NAME <b>NANCY COLLINS</b>	14. NAME OF HUSBAND OR WIFE <b>IRENE COLLINS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>X</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>X</b> <b>400-09-8357</b>	17. INFORMANT'S SIGNATURE OR NAME <b>IRENE CRONEY, POTTERSVILLE, MO</b>	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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		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) _____ 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 <b>f201</b>	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)
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?

22. I hereby certify that I attended the deceased from 5/23, 1954, to 5/23, 1954, that I last saw the deceased live on, 1954, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

23. SIGNATURE <i>[Signature]</i>	23b. ADDRESS <b>West Plains, Mo</b>	23c. DATE SIGNED <b>6-6-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	24b. DATE <b>5-25-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PARSONS</b>	24d. LOCATION (City, town, or county) (State) <b>DORA, MO</b>
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DATE REC'D BY LOCAL REG. <b>7-2-54</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>ROBERTSONS, WEST PLAINS, MO</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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



Licensed Embalmer No. 3437

P. O. Address West Plain

**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.