

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23211

State File No.

BIRTH NO. FILED JUL 22 1954 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 275

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Jackson</u>	
b. CITY (Outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Independence</u>
d. FULL NAME OF (If dead in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>476 West Maple</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>1416 W. Maple</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert Wentworth Lighton Floyd</u> b. (Middle) <u>Floyd</u> c. (Last) <u>Floyd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 8, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Sp. Div.) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 11, 1890</u>	9. AGE (In years last birthday) <u>63</u>	9. AGE (In years last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Jerusalem</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Jerusalem</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Palestine</u>					

13a. FATHER'S NAME <u>Ralph Lighton Floyd</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Clark</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Lighton Floyd</u> ADDRESS <u>Independence, Mo.</u>	

18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>to occlusion</u>		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary Arteriosclerosis</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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 5/31, 1948, to 7/8, 1954, that I last saw the deceased alive on 7/8, 1954, and that death occurred at about 2pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. X. Grabone, M.D.</u>		23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>7/10/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 10 - 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knobster Cem. Knobster Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-10-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. EMERALD DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Independence</u>	

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..

Student.....
Signature of Student Embalmer

Signed *Raymond M. Hardy*.....

Licensed Embalmer No. *491*

P. O. Address *Index*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.