FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36967

BIRTH NO. 77100-54 REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5418 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Cotton Hill
c. LENGTH OF STAY (in this place) 4 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Cotton Hill
d. STREET ADDRESS (If rural, give location) Near McGuire 0350

3. NAME OF DECEASED (Type or Print) a. (First) Billy b. (Middle) c. (Last) Floyd

4. DATE OF DEATH (Month) (Day) (Year) Oct - 16 - 1954

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S
8. DATE OF BIRTH Oct 16-1954
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) USA
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Loren Floyd
13b. MOTHER'S MAIDEN NAME Clara Bierbaum
14. NAME OF HUSBAND OR WIFE ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Loren Floyd ADDRESS Malden Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atelectasis, Bilateral — INTERVAL BETWEEN ONSET AND DEATH From Birth

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 None
19b. MAJOR FINDINGS OF OPERATION 7620
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 Oct 1954, *to* 16 Oct, 1954, *that I last saw the deceased alive on* 16 Oct, 1954, *and that death occurred at* 3:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles S. Williams (Degree or title) M.D.
23b. ADDRESS Malden, Mo.
23c. DATE SIGNED 16 Oct 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-17-54
24c. NAME OF CEMETERY OR CREMATORY Stanfield
24d. LOCATION (City, town, or county) S of Clarkton (State) Mo

DATE REC'D BY LOCAL REG. 10-16-54
REGISTRAR'S SIGNATURE J. L. Schauman 77-0
25. FUNERAL DIRECTOR'S SIGNATURE Thomas C Knight ADDRESS Malden Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEAL

[illegible] 11-22-5

COUNTY FILE NUMBER 1154-3

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 Not

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Thomas C Knight

Licensed Embalmer No. 2189

P. O. Address Maldon Mo

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.