

FILED NOV 1 1955

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33737

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 433

1. PLACE OF DEATH
a. COUNTY **JASPER**
b. CITY (If outside corporate limits, write RURAL and give town) **JOPLIN**
c. LENGTH OF STAY (in this place) **DOA**
d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. JOHN'S HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY **JASPER**
c. CITY (If outside corporate limits, write RURAL and give township) **JOPLIN**
d. STREET ADDRESS (If rural, give location) **2111 PEARL STREET**

3. NAME OF DECEASED
a. (First) **FLOYD** b. (Middle) **L.** c. (Last) **CLINE**

4. DATE OF DEATH (Month) (Day) (Year)
OCT. 24, 1955

5. SEX **M**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **JULY 31, 1919**

9. AGE (In years last birthday) **36** IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **FIREMAN**

10b. KIND OF BUSINESS OR INDUSTRY **JOPLIN FIRE DEPT.**

11. BIRTHPLACE (State or foreign country) **JOPLIN, MISSOURI**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **UNK**

13b. MOTHER'S MAIDEN NAME **UNK**

14. NAME OF HUSBAND OR WIFE **MRS. BEATRICE CLINE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) **YES W. W. II**

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **MRS. BEATRICE CLINE, 2111 PEARL ST.**

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) **Coronary Thrombosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) **4201**

INTERVAL BETWEEN ONSET AND DEATH
Just prior

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) (Minute) _____

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 **Oct 24, 1955** to **Oct 27, 1955**, that I last saw the deceased alive on **Oct 24, 1955**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Joy E. Thompson**

23b. ADDRESS **708 Resco Bldg**

23c. DATE SIGNED **Oct 25-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **10-27-55**

24c. NAME OF CEMETERY OR CREMATORY **SAGINAW CEMETERY**

24d. LOCATION (City, town, or county) (State) **SAGINAW, MISSOURI**

DATE REC'D BY LOCAL REG. **10-27-55**

REGISTRAR'S SIGNATURE **Robert S. James** 138
by Robert S. James

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **STEVE PARKER MORTUARY, JOPLIN, MO.**

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number
Date Filed OCT 31 1955

NOV 8 1955
NOV 15 1955

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.....

working under my personal supervision.

Student embalmer No.....

Signed.....
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.