

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15235**

BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6137** Registrar's No. **368**

1. PLACE OF DEATH a. COUNTY SHANNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY SHANNON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WINONA Twp	c. LENGTH OF STAY (In this place) 3 yrs	c. CITY OR TOWN WINONA	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) ST. RT. 1010	

3. NAME OF DECEASED (Type or Print) a. (First) ELLA b. (Middle) Elizabeth c. (Last) Floyd	4. DATE OF DEATH (Month) (Day) (Year) April 24-1956
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 20-1865	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William Ransom	13b. MOTHER'S MAIDEN NAME Kate Hensley	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Arthur Nicholson	ADDRESS Winona, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 96 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHIAL Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility 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 491x	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)
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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?
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22. I hereby certify that I attended the deceased from **Apr 22, 1956**, to **Apr 24, 1956**, that I last saw the deceased alive on **Apr 24, 1956**, and that death occurred at **11:25 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) C. E. Sharp DO	23b. ADDRESS Winona Mo	23c. DATE SIGNED 5/1/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-29-56	24c. NAME OF CEMETERY OR CREMATORY Woodside	24d. LOCATION (City, town, or county) (State) Thomasville, Mo.
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DATE REC'D BY LOCAL REG. 5-7-56	REGISTRAR'S SIGNATURE Imabel Rees	25. FUNERAL DIRECTOR'S SIGNATURE DUNCAN'S Mtn. View, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

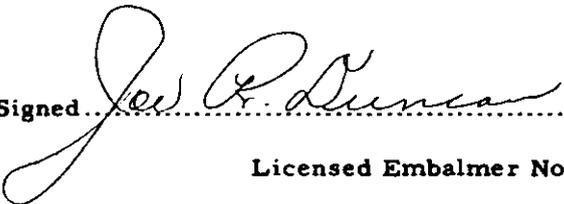
WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No.....

P. O. Address.....

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.