

STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1956

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 642

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1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>SPRINGFIELD</b> TOWN		c. CITY OR TOWN <b>SPRINGFIELD</b> <u>0396</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. BAPTIST HOSP.</b>		d. STREET ADDRESS <b>2142 COLLEGE</b> (If outside, give location)	

3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>RAY</b> Last <b>FLOYD</b>			4. DATE OF DEATH <b>JULY, 12, 1956</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 12, 1900</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED LUMBER FOREMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>FORDLAND, MISSOURI</b>	
13. FATHER'S NAME <b>JOHN W. FLOYD</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT <b>IRVIN FLOYD; 2142 COLLEGE</b> Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Probable Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		

UNATTENDED BY PHYSICIAN 4201

19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>SPRINGFIELD, MISSOURI</b>
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____

21. Last attended the deceased from \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at **9:15 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *Ernest Williamson* (Printer or title) **Local Registrar of Vital Statistics** 22b. ADDRESS **Greene County Court House Springfield, Missouri** 22c. DATE SIGNED **7/16/56**

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>XX 7/14/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HAZELWOOD CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MISSOURI</b>
24. FUNERAL DIRECTOR <b>HERMAN LOMMEYER, SPRINGFIELD, MO</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>7-16-56</b>	26. REGISTRAR'S SIGNATURE <i>Ernest Williamson</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Lucian T. Swadlow*  
Licensed Embalmer No. *115*

P. O. Address *San*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.