

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41461**  
**5492**

**FILED JAN 14 1957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>3wks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u> c. CITY OR TOWN <u>Kansas City</u> d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> * STREET ADDRESS (If rural, give location) <u>3106 So. 36 th.</u> <span style="float: right;">8158</span>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Dorothy</u> a. (First) <u>Floyd</u> b. (Middle) <u>Floyd</u> c. (Last) <u>Floyd</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>12-18-56</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Sept-5-1880</u>
<b>9. AGE</b> (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Housewife</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>South Dakato</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>John Kennedy</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Amy Lewis</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Henry F. Floyd</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Henry F. Floyd (Husband), K.C. Mo.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Bilateral Broncho Pneumonia</u> <span style="float: right;">INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u></span> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic malnutrition</u> <span style="float: right;"><u>5 years</u></span> DUE TO (c) _____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Pericarditis</u>		<span style="float: right;"><u>2865</u></span>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>Nov 1, 1956</u>, to <u>12-18, 1956</u>, that I last saw the deceased alive on <u>12-18, 1956</u>, and that death occurred at _____ m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Kendall Blair, D.O.</u>		<b>23b. ADDRESS</b> <u>1503 So 22nd</u>	
<b>23c. DATE SIGNED</b> <u>12-18-56</u>		<b>24a. BURIAL CREMATION REMOVAL</b> (Specify) <u>Burial</u>	
<b>24b. DATE</b> <u>12-20-56</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Maple Hill Cemetery</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City Kans.</u>		<b>DATE REC'D BY LOCAL REG.</b> <u>12-19-56</u>	
<b>REGISTRAR'S SIGNATURE</b> <u>Neva Marshall</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Simmons Funeral Home K.C.K.</u>	

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

8  
2014

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..  
X

Student.....  
Signature of Student Embalmer

Signed *Donan K. James*

Licensed Embalmer No. *422*

P. O. Address *N. C. N*

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.