

No. 300  
1-10-47  
5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JUN 11 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15740  
Registrar's No. 52

Registration District No. 73

Primary Registration District No. 3214

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

1. PLACE OF DEATH:  
(a) County Clay  
(b) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
216 North Main Street 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 year  
years, months or days

3. (a) PRINT FULL NAME Floyd Luther Doan  
3. (b) If veteran, name war No.  
3. (c) Social Security No. 496-10-3830

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife MRS. Jennie I. Doan  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased JANUARY 4 1987  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 4 26  
hr. min.

9. Birthplace BROOKFIELD MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation Advertising Executive

11. Industry or business Phillips Reick Fardon Co.

12. Name LUTHER DOAN

13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH UNKNOWN

15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jennie I. Doan

(b) Address Liberty, Missouri

17. (a) CREMATION (b) Date thereof JUNE 1 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S HOME

18. (a) Signature of funeral director D.W. Newcomer

(b) Address 1401 Bush Creek Blvd. RCMO.

19. (a) June 1 1948 (b) Minnie Hays  
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County CLAY  
(c) City or town LIBERTY, MO.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 216 NORTH MAIN  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 30<sup>th</sup>  
year 1948 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 21, 1948 to May 30, 1948  
that I last saw him alive on May 29, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Due to Angina pectoris  
Due to Arteriosclerosis  
Duration 1 1/2 hrs.  
3 mo.  
4 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy PH  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature E. M. Smith (M. D. or other) D.O.  
Address Liberty, Mo. Date signed 5-30-48

RECEIVED  
District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-10-48

AUG 12 1953

**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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Jess T. News

Licensed Embalmer No. 445-3

P. O. Address Kansas City

**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.