

S. No. 300
V. 10. 48

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7502

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

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 352			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY CLINTON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0		c. LENGTH OF STAY (in this place) 7 Hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plattsburg MO 3					
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				d. STREET ADDRESS (If rural, give location) 104 Frost St. 1					
3. NAME OF DECEASED (Type or Print) a. (First) Floyd b. (Middle) Lee c. (Last) SLOAN			4. DATE OF DEATH (Month) (Day) (Year) 3 31 49						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH MAY 10 1930			
9. AGE (In years last birthday) 18		10. UNDER 1 YEAR Months 10		11. UNDER 1 YEAR Days 21		12. UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Winston Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Walker			13b. MOTHER'S MAIDEN NAME Jessie Sloan			14. NAME OF HUSBAND OR WIFE x x			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas. Sloan Plattsburg MO.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LACERATION & CONTUSION OF BRAIN ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) FRACTURE OF SKULL DUE TO (c) 68194 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE OF R. FEMUR MULTIPLE LACERATIONS OF HEAD						INTERVAL BETWEEN ONSET AND DEATH 8 HRS. 8 HRS. 8 HRS.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION As above				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STREET		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Plattsburg, Clinton MO 25					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 30, 1949 6:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Lost control of car & hit a tree.					
22. I hereby certify that I attended the deceased from 3/30, 1949 to 3/31, 1949 that I last saw the deceased alive on 3/30, 1949 and that death occurred at 3:20 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) G. T. Bloomer M.D.				23b. ADDRESS 1218 N. 3rd St. St. Joseph, Mo.		23c. DATE SIGNED 4/1/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-2-49		24c. NAME OF CEMETERY OR CREMATORY MIRABLE MISSOURI		24d. LOCATION (City, town, or county) (State) MIRABLE MISSOURI			
DATE REC'D BY LOCAL REG. April 1, 1949		REGISTRAR'S SIGNATURE G. B. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS N. A. Lyon Plattsburg, MO.					

Surname ok

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....

Danell D. Lyon

Signed.....

Student Embalmer

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.