

FILED MAY 17 1949

STANDARD CERTIFICATE OF DEATH

State File No. 16889

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6001 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Ralls.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Saline Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Saline Township</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>HUNTINGTON, MO R. I</u>		d. STREET ADDRESS (If rural, give location) <u>HUNTINGTON, MO R. I</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>L.</u> c. (Last) <u>Floyd.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow Eq.</u>	
8. DATE OF BIRTH <u>July 27 1877</u>		9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Ralls County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HOMER H. Glascock</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIETT CULBERTSON</u>	
14. NAME OF HUSBAND OR WIFE <u>James Floyd</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>James E. Floyd</u>		17. ADDRESS <u>Huntington, Mo R. I</u>			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <u>High Blood Pressure</u>					
DUE TO (c) <u>Arterio Sclerosis</u>						<u>33 1/2 X</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>33 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)	
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?	

22. I hereby certify that I attended the deceased from Nov 27, 1948, to May 10, 1949, that I last saw the deceased alive on May 8, 1949 and that death occurred at 5:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Huntington Mo R. I</u>		23c. DATE SIGNED <u>5-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Archie Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Huntington Mo R. I</u>	
DATE REC'D BY LOCAL REG. <u>5/14/49</u>		REGISTRAR'S SIGNATURE <u>Clyde Wilby</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson & Sons</u>		ADDRESS <u>Franklin City Mo</u>	

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

JUN 4 1948

RECEIVED

District Health Officer

District File Number 514

Date Filed MAY 16 1948

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Memphis City Tenn

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.