

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17217

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 5592		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson			
b. CITY OR TOWN Festus Rural		c. LENGTH OF STAY (in this place) 3 mo		c. CITY OR TOWN Festus		0501	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stoney Creek Nursing Home				d. STREET ADDRESS (If rural, give location) 10 Ryan			
3. NAME OF DECEASED (Type or Print) Charles		a. (First)		b. (Middle) Floyd		c. (Last)	
DATE OF DEATH 3-10-1950		DATE (Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec 28 1877	
5. SEX Male		6. COLOR OR RACE White		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 2 Days 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glassworker		10b. KIND OF BUSINESS OR INDUSTRY P. P. Glass Co		11. BIRTHPLACE (State or foreign country) Mc Cleve, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry W. Floyd		13b. MOTHER'S MAIDEN NAME Mary Ellen Fields		14. NAME OF HUSBAND OR WIFE Stella A. Moore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 494-07-2630		17. INFORMANT'S SIGNATURE OR NAME Stella A. Floyd			
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, asthenia, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio-sclerotic heart disease  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200				INTERVAL BETWEEN ONSET AND DEATH 4 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July - 1, 1948, to Mar - 10, 1950, that I last saw the deceased alive on Mar - 7, 1950, and that death occurred at 20 A. m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) M.D.				23b. ADDRESS Crystal City, Mo.		23c. DATE SIGNED 3-14-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-12-1950		24c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial		24d. LOCATION (City, town, or county) (State) Festus Mo.	
DATE REC'D BY LOCAL REG. Feb 18 1950		REGISTRAR'S SIGNATURE [Signature] 142		25. FUNERAL DIRECTOR'S SIGNATURE H.S. Vinyard			
				ADDRESS Festus Mo			

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

0504

DATE RECEIVED 5-11-50  
HILLSBORO, MISSOURI  
JEFFERSON COUNTY HEALTH DEPT.

STATEMENT BY LICENSED EMBALMER

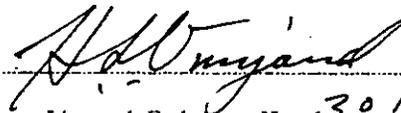
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....



Licensed Embalmer No. 3010

P. O. Address Fester 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.