

FILED MAY 28 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15833

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Harrisonville, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Peculiar, Missouri</b>	
c. LENGTH OF STAY (in this place) <b>1 day</b>		1190	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Peculiar, Missouri</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b> b. (Middle) <b>Evelena</b> c. (Last) <b>Floyd</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 - 18 - 52</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>May 20, 1886</b>			9. AGE (In years last birthday) <b>65</b> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>housewife</b>		
11. BIRTHPLACE (State or foreign country) <b>Cass County, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>John J. Cassidy</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Pryor</b>		14. NAME OF HUSBAND OR WIFE <b>Bruce Floyd Sr.</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>James R. Floyd-Peculiar, Missouri</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bicus influenza Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>			
		DUE TO (c) <input checked="" type="checkbox"/>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>			

19a. DATE OF OPERATION <b>480X</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>✓</b>		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 5/16, 1952, to 5/18, 1952, that I last saw the deceased alive on 5/18, 1952, and that death occurred at 1 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Walter V Robbins, M.D.</b>		23b. ADDRESS <b>Peculiar, Mo</b>		23c. DATE SIGNED <b>5/20/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-21-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wills Cemetery</b>	
24d. LOCATION (City, town, or county) <b>Peculiar, Missouri</b>		24e. (State)			

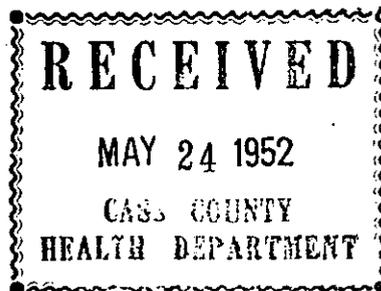
DATE REC'D BY LOCAL REG. <b>May 20, 1952</b>		REGISTRAR'S SIGNATURE <b>Nora Barnard</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Brownell Pearson</b>	
				ADDRESS <b>Wills Cemetery Peculiar, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

2191

JUL 3 1 1952



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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....

*William L. Anderson*

Licensed Embalmer No.....

*4674*

P. O. Address.....

*Pleasant Hill*

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.