

STANDARD CERTIFICATE OF DEATH

State File No. **17352**

FILED JUN 3 1953
BIRTH NO. FILED JUN 3 1953
REG. DIST. NO. **62** PRIMARY REG. DIST. NO. **4108** Registrar's No. **13**

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

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) High St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION High St.		1200 0	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) M. c. (Last) FLOYD			4. DATE OF DEATH (Month) (Day) (Year) May 24, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 21, 1871	9. AGE (In years last birthday) 81	10. UNDER 1 YEAR Months 7 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Livestock Farm		11. BIRTHPLACE (State or foreign country) Elkton, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA.					

13a. FATHER'S NAME David Floyd		13b. MOTHER'S MAIDEN NAME Martha Cooper		14. NAME OF HUSBAND OR WIFE Amanda Floyd	
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 Amanda Floyd, Stockton, Mo.	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Uremia			Days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic hypertension Cardio-vascular disease DUE TO (c)			yes
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443x		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 **4.21.53**, 19**53**, to **5.24.1953**, that I last saw the deceased alive on **5.24.1953**, and that death occurred at **2P** m., from the causes and on the date stated above.

23a. SIGNATURE Wm. B. Richter MD		23b. ADDRESS Stockton Mo		23c. DATE SIGNED 5.26.53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-26-1953		24c. NAME OF CEMETERY OR CREMATORY Pankey Cemetery	
				24d. LOCATION (City, town, or county) (State) Cedar County, Mo.	

DATE REC'D BY LOCAL REG 5-29-53		REGISTRAR'S SIGNATURE Geneva Garrison		54 25. FUNERAL DIRECTOR'S SIGNATURE Benton Funeral Home, Stockton Mo	
				ADDRESS	

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 *John A. Cantlon*

Licensed Embalmer No. *4387*

P. O. Address *Stickton, 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.