

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11872**  
**1673**  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (if applicable) <u>1 WK</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Dallas</u> c. CITY OR TOWN <u>Perry</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> * STREET ADDRESS (If rural, give location) <u>2210 Otley Avenue</u>	
---	--	--	--

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Floyd</u> b. (Middle) <u>H.</u> c. (Last) <u>Don Carlos</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>4 14 55</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>March 22, 1888</u>	<b>9. AGE</b> (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Attorney at Law</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Law</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Greenfield, Iowa</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>William W. Don Carlos</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Letitia V. Don Carlos</u>
---	--	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS</b> <u>Darrell D. Don Carlos, Indianapolis, Indiana</u>
--	---	---

<b>18. CAUSE OF DEATH</b> 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.  <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Embolism??</u> DUE TO (c) <u>Benign tumor of stomach</u>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastric resection</u>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>13 hrs</u>  <u>all x</u>
---	--

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from 4-14, 1955, to 4-14, 1955, that I last saw the deceased alive on 4-14, 1955, and that death occurred at 3:30 Pm., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Don A. Black</u> (Degree or title)	<b>23b. ADDRESS</b> <u>924 Prof Bldg.</u>	<b>23c. DATE SIGNED</b> <u>4/14/55</u>
---	--	---

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>4-14-55</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Greenfield Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Greenfield, Iowa</u>
--	------------------------------------	---	---

<b>DATE REC'D BY LOCAL REG.</b> <u>4-15-55</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Neva Marshall</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS</b> <u>Claude Prichard, Excelsior Springs, Mo.</u>
---	--	---

no 4685

MAY 16 1958

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.....  
Signature of Student Embalmer

Signed *Rudell Jarnan*.....

Licensed Embalmer No. *458*.....  
P. O. Address *Excelsior Springs*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.