

STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Bates b. CITY OR TOWN Rich Hill, Missouri c. LENGTH OF STAY (in this place) life d. FULL NAME OF HOSPITAL OR INSTITUTION 101 W. Park Ave. 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates c. CITY OR TOWN Rich Hill d. Is Residence within limits of a city or incorporated town? Yes X No 3. STREET ADDRESS (If rural, give location) 101 W. Park Ave.

3. NAME OF DECEASED a. (First) BETTIE b. (Middle) MAE c. (Last) FLOYD 4. DATE OF DEATH June-10 1955 5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH Sept. 4, 1872 9. AGE (In years last birthday) 82 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (City and State or Foreign Country) Rich Hill, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Willis Moore 13b. MOTHER'S MAIDEN NAME Mary Ray 14. NAME OF HUSBAND OR WIFE Theodore Flowd (deceased) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Beryl Haggard ADDRESS Rich Hill, Mo.

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) Hypertension heart disease (b) Chronic Rheumatism? (c) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERNAL BETWEEN ONSET AND DEATH 8 yrs

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 443 X 20. AUTOPSY? YES NO X 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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Jan 1953 to June 10, 1955, that I last saw the deceased alive on May 8, 1955, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED June 11, 1955 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6/12/55 24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery 24d. LOCATION (City, town, or county) (State) Rich Hill, Missouri

DATE REC'D BY LOCAL REG. 6-12-55 REGISTRAR'S SIGNATURE Mrs. Edna Samples 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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

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 *Robert G. Steinbeck*

Licensed Embalmer No. *465*

P. O. Address *Butler,*

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.