

FILED JUN 27 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **18357**BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5465** Registrar's No. **541**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL 3ND NORTH CAMPBELL 14th		c. CITY OR TOWN SPRINGFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION GREENE COUNTY HOSPITAL		e. STREET ADDRESS (If rural, give location) 2945 W. LYNN	

3. NAME OF DECEASED (Type or Print) a. (First) FLOYD b. (Middle) L. c. (Last) ABNEY		4. DATE OF DEATH (Month) (Day) (Year) JUNE 21, 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH MAY 29, 1896
9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR Months Days	10. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CEMENT FINISHER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (City and State or Foreign Country) ARKANSAS
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME MACK ABNEY		13b. MOTHER'S MAIDEN NAME LAURA ANN FINDLEY		14. NAME OF HUSBAND OR WIFE DIVORCED	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.L. ABNEY SPRINGFIELD, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dehydration & Organic Heart Lesion INTERVAL BETWEEN ONSET AND DEATH: _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 260X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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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) (Min.)		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 **6-8-1955**, to **6-21-1955**, that I last saw the deceased alive on **6-20-1955**, and that death occurred at **2:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Kelly MD (Degree or title)		23b. ADDRESS Springfield Mo		23c. DATE SIGNED 6-22-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-22-55		24c. NAME OF CEMETERY OR CREMATORY CLEAR CREEK CEMETERY	
				24d. LOCATION (City, town, or county) (State) GREENE CO. MISSOURI	

DATE REC'D BY LOCAL REG. 6/22/55		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klingner SPRINGFIELD, MISSOURI	
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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 40

P. O. Address.....

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.