

FILED JUL 2 - 1957

STANDARD CERTIFICATE OF DEATH

57-022210
STATE FLE NUMBER

Registration District No. 225 Primary Registration District No. 6098 Registrar's No. 22

1. PLACE OF DEATH <i>S of Lancaster NW 63</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Schuyler</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Liberty</i>		a. STATE <i>IOWA</i>		b. COUNTY <i>Polk</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>S 3 Mi. on NW 63</i>		Length of stay in 1b		c. CITY OR TOWN <i>Des Moines IOWA</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>Floyd</i>		Middle <i>John</i>		Last <i>Kline</i>		Month <i>June</i> Day <i>28</i> Year <i>57</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 12 1907</i>		9. AGE (In years last birthday) <i>53</i>	10. IF UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck Driver</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Iowa Pack Co</i>		11. BIRTHPLACE (City and state or country) <i>Carlisle IOWA</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>John Kline</i>				14. MOTHER'S MAIDEN NAME <i>Carrie Kinney</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>yes</i>		17. INFORMANT <i>Gladyce Kline</i> Address <i>1319 Lewis Ave Des Moines, Ia.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH <i>instant</i>
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE - (a) <i>Skull fracture and neck fracture</i>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (b) <i>Auto accident</i>							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							20g. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
<i>Chest injury - broken ribs, broken left clavicle</i>							
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Head Cracked when car rolled over on Patient Left side of skull & face caused in</i>							
20c. TIME OF INJURY		Hour <i>a. m.</i> Month, Day, Year		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>3 mi S of Lancaster on NW 63</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>3 mi S Lancaster on NW 63 Schuyler MO</i>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20g. CITY, TOWN, OR LOCATION		20h. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>6:30 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Brice Norman</i> (Degree or title) <i>Coroner</i>				22b. ADDRESS <i>Lancaster MO</i>		22c. DATE SIGNED <i>6-28-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <i>removed to Des Moines - Iowa</i>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <i>Norman Funeral Home</i>		ADDRESS <i>Lancaster MO</i>		25. DATE RECD. BY LOCAL REG. <i>6-29-57</i>		26. REGISTRAR'S SIGNATURE <i>Perry Cloey Deputy</i>	

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 15 1957

ISSUED P. 2 708

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 *David E. Foster*
Licensed Embalmer No. *47*

P. O. Address *.....*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.