

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-009373
Stat. File No.

No. 300
10-48

FILED APR 15 1958

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 33

331

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

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent c. CITY OR TOWN Salem d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) Salem		c. LENGTH OF STAY (in this place) 8 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 707 W. A		e. STREET ADDRESS (If rural, give location) 707 W. A	

3. NAME OF DECEASED (Type or Print) Nathan P Floyd			4. DATE OF DEATH (Month) (Day) (Year) April 10 1958		
a. (First)		b. (Middle)	c. (Last)		

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 23 1871	9. AGE (In years last birthday) Months Days Hours Min. 86	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY general		11. BIRTHPLACE (City and State or Foreign Country) Dent Co Mo		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Peter Floyd	13b. MOTHER'S MAIDEN NAME Sarah Robinet	14. NAME OF HUSBAND OR WIFE Mary Alice Floyd
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) MNO X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mary Alice Floyd	ADDRESS Salem Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) — DUE TO (c) —		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic hypertrophy		5 years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION H 200		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) 0
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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?
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22. I hereby certify that I attended the deceased from 7/2, 1945, to 4/5, 1958, that I last saw the deceased alive on 4/5, 1958, and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE M. Dent M (Degree or title) D	23b. ADDRESS Salem Missouri	23c. DATE SIGNED 4/11/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-12-58	24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem	24d. LOCATION (City, town, or county) (State) Salem Mo
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DATE REC'D BY LOCAL REG. 4/11/58	REGISTRAR'S SIGNATURE M. M. Hark, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Carl R. Jensen	ADDRESS Salem Mo
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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. 937

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.