

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030130

FILED SEP 12 1960

Registration District No. 108 Primary Registration District No. 5423 Registrar's No. 16 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Senath</u>		c. CITY OR TOWN <u>Senath</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Barr Pit</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Doyle</u> Middle <u>Wayne</u> Last <u>Floyd</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>7.</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/22/1931</u>	9. AGE (last birthday) <u>28</u>	IF UNDER 1 YEAR Month <u>11</u> Day <u>15</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dunklin Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Amous Warren Floyd</u>		13b. MOTHER'S MAIDEN NAME <u>Ollie Edwards</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Floyd</u>	
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. <u>488-34-5220</u>		17. INFORMANT Address <u>Mrs. Doyle Floyd Rt. 1 Senath, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Accidental Drowning</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Drowned in barrow pit near Small's mill.</u>	
20c. TIME OF DEATH <u>4:00 P.M.</u> Hour <u>4</u> Minute <u>00</u> Month, Day, Year <u>Aug. 7, 60</u>			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Pond.</u>	20f. CITY, TOWN, OR LOCATION <u>Salem Twp.</u>	COUNTY <u>Dunklin</u>	STATE <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at <u>4:10 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Print name or title) <u>Quinton Farver, Coroner</u>		22b. ADDRESS <u>Kennett, Mo.</u>	22c. DATE SIGNED <u>8-10-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/8/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lulu</u>	23d. LOCATION (City, town, or county) (State) <u>Senath Mo.</u>

24. FUNERAL DIRECTOR <u>McDaniel Funeral Service, Senath, Mo.</u>	ADDRESS <u>9-1-60</u>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <u>Mabel T. Daughless</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS SEP 10 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

O. L. Isbell

Licensed Embalmer No. 4970

P. O. Address

Senath

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