MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041321
STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. 6186 Registrar's No. 94

FILED NOV 5 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1060
2 1060
3
4 1
5 2
6
7 1
8 2
9 4200
10
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12 70-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Beaver Township
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Taney
c. CITY OR TOWN: Smallett
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Smallett Route
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First / Middle / Last: Alice M. Roberts Floyd

4. DATE OF DEATH Month / Day / Year: October 28, 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-5-81
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

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 country): Whitesburg, Ky.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Henry Day
13b. MOTHER'S MAIDEN NAME: Mary Maggard
14. NAME OF HUSBAND OR WIFE: A. V. Floyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Georgia Norman, Ava, Missouri Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremic Coma — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic nephritis — 10 yrs
DUE TO (c): Chronic arterio sclerotic Heart & Kidneys — 15 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Rheumatoid arthritis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION / COUNTY / STATE

21. I attended the deceased from 1938, to 10-29-62 and last saw her alive on 10-29-62
Death occurred at 9:20 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. C. Pendry (Degree or title) M.D.
22b. ADDRESS: Ava Mo.
22c. DATE SIGNED: 10-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-30,62
23c. NAME OF CEMETERY OR CREMATORY: Bethel
23d. LOCATION (City, town, or county) (State): Brownbranch, Missouri

24. FUNERAL DIRECTOR / ADDRESS: Clinkingbeard Funeral Home, Ava, Mo.
25. DATE RECD. BY LOCAL REG.: 10-30-62
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

NOV 9 1962

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 Lyle G. Glinkingbeard

Licensed Embalmer No. 4830

P. O. Address Avoca Mo.

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.