

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2091

FILED JAN 18 1952

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>281232</u>		PRIMARY REG. DIST. NO. <u>5812</u>		Registrar's No. <u>1</u>			
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montg</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Middletown</u>		c. LENGTH OF STAY (in this place) <u>Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middletown, Mo (Rural) Prairie Tap</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi S1 Middletown 0709</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle) <u>W</u>		c. (Last) <u>Floyd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2 '52</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>3</u>		8. DATE OF BIRTH <u>June 23 1881</u>		9. AGE (In years last birthday) <u>70</u> IF UNDER 14 HRS. Months Days Hours Min.	
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>Agriculture</u>			11. BIRTHPLACE (State or foreign country) <u>Middletown Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Scott Floyd</u>			13b. MOTHER'S MAIDEN NAME <u>Sosie Hart</u>			14. NAME OF HUSBAND OR WIFE <u>Minnie L. Pent, Wallsville Mo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PARALYSIS AGITANS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>350 X</u>						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 <u>1945</u> , 19____, to <u>Dec 29</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 29</u> , 19 <u>51</u> , and that death occurred at <u>2:00 p</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Willis H. Walls Jr.</u>				23b. ADDRESS <u>Wallsville</u>			23c. DATE SIGNED <u>Jan. 4, 1952</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-4-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Farmers Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Middletown</u>			
DATE REC'D BY LOCAL REG. <u>1-4-52</u>		REGISTRAR'S SIGNATURE <u>L. F. Chapman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. R. Rickett</u>		ADDRESS <u>Middletown, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

700
1

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
Student Embalmer

Signed.....

John W. Butler

Licensed Embalmer No. *4447*

P. O. Address *Burlington, N.C.*

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 this body is not embalmed, fact should be so stated above.