

FILED DEC 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. **37070**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **143** PRIMARY REG. DIST. NO. **5560** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY <b>HOWELL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HOWELL</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WILLOW SPRINGS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEST PLAINS</b>	
c. LENGTH OF STAY (in this place) <b>3 HRS</b>		d. STREET ADDRESS (If rural, give location) <b>MAPLE AVE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>NO 11</b> b. (Middle) <b>SEWELL</b> c. (Last) <b>SLOAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 18 49</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10-5-1913</b>	9. AGE (In years last birthday) <b>36</b>	IF UNDER 1 YEAR Months _____ Days _____

10a. USUAL OCCUPATION (Give kind of work done regularly or of which he even if retired) <b>CONSTRUCTION ENGINEER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ELECTRICAL ENGINEER</b>		11. BIRTHPLACE (State or foreign country) <b>BURLSON, TEX</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>WADEN SLOAN</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA SWIL</b>		14. NAME OF HUSBAND OR WIFE			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>MRS NO 11 S. SLOAN</b>		ADDRESS <b>Mo Spring</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Electrocution</b>				<b>139/43</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or bridge, etc.) <b>At Work - R &amp; A project</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>West Plains - Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug 18 '49 2:00 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Electric wire in his hand contacted High Voltage</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, 19\_\_\_\_, from the causes and on the date stated above.

22a. SIGNATURE <b>Robert D. W. Coroner</b> (Degree or title)		22b. ADDRESS <b>Howell Co West Plains, Mo</b>		22c. DATE SIGNED <b>23/9/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG <b>Dec 5 1949</b>		REGISTRAR'S SIGNATURE <b>Maxhalee Ballard</b>		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

27 RECEIVED 1949

RECEIVED

11/30/49

District Health Officer No. 5,

District File Number 1249764

Date Filed 12/2/49

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

*D. D. Roberts*

Licensed Embalmer No. 3437

P. O. Address West Plains, 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 this body is not embalmed, fact should be so stated above.