No. 300
10.48

0560
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FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17348

BIRTH NO. 29005-50 REG. DIST. NO. 178 PRIMARY REG. DIST. NO 4281 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Canton Canton
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Canton 0560
d. STREET ADDRESS (If rural, give location): 216 Lewis 0

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): William
c. (Last): Sloan

4. DATE OF DEATH (Month) (Day) (Year): May 10 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 10, 1950
9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 1; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Canton Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Richard L. Sloan
13b. MOTHER'S MAIDEN NAME: Shirley Ann Lucas
14. NAME OF HUSBAND OR WIFE: None

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'S SIGNATURE OR NAME: Richard L. Sloan
ADDRESS: Canton Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxemia — INTERVAL BETWEEN ONSET AND DEATH: 13 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Congenital Heart Disease — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 7544

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-10, 1950, *to* 5-11, 1950, *that I last saw the deceased alive on* 5-11, 1950, *and that death occurred at* 6:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Sam H. Roberts, D.O. (Degree or title)
23b. ADDRESS: Canton, Mo.
23c. DATE SIGNED: May 15, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12, 1950
24c. NAME OF CEMETERY OR CREMATORY: Forest Grove
24d. LOCATION (City, town, or county) (State): Canton Lewis Mo.

DATE REC'D BY LOCAL REG.: 5-16-50
REGISTRAR'S SIGNATURE: P. L. Jennings M.D. 161
25. FUNERAL DIRECTOR'S SIGNATURE: Earl H. Buckley
ADDRESS: Canton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 2 2 1950
District Health Officer No. 1
District File Number 5-22-8
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, or by ..... Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed Earl H Buckley
Licensed Embalmer No. 2615
P. O. Address Canton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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