

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

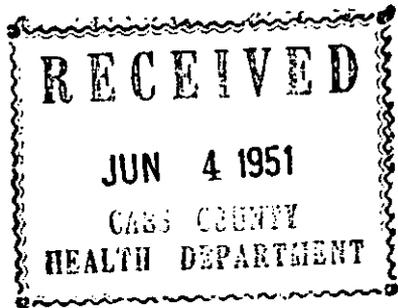
State File No. 15907

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5229 Registrar's No. 59

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

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY OR TOWN Rural (Polk)		c. LENGTH OF STAY (in this place) 1 year	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles East Of Pleasant Hill		d. STREET ADDRESS (If rural, give location) 4 Miles East Pleasant Hill	
3. NAME OF DECEASED (Type or Print) Albert Eugene Slaughter		4. DATE OF DEATH (Month) (Day) (Year) May 24 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Aug. 3. 1881
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	11. BIRTHPLACE (State or foreign country) Frankford, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph Slaughter		13b. MOTHER'S MAIDEN NAME Alice McCloud	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 486-14-1720	17. INFORMANT'S SIGNATURE OR NAME Mrs Chasley Powell Pleasant Hill
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION Mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 WEEK.	
*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 Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-Vasc. DISEASE DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE ENCEPHALOPATHY		5 yrs. approx.	
19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION NONE.		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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓	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 SEPT. 1950, to May 24, 1951, that I last saw the deceased alive on May 23, 1951, and that death occurred at 4:00 P. M., from the causes and on the date stated above.			
23a. SIGNATURE William R. Brown, M.D.		23b. ADDRESS Box 118 Pleasant Hill, Mo.	23c. DATE SIGNED May 27, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-23-51	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill C&M	24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo.
DATE REC'D BY LOCAL REG. May 27 1951	REGISTRAR'S SIGNATURE Laura J. Jones	51	25. FUNERAL DIRECTOR'S SIGNATURE Address



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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *William L. Anderson*

Licensed Embalmer No. *4674*

P. O. Address *Pleasant Hill, 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.