

STANDARD CERTIFICATE OF DEATH

FILED MAR 10 1952

BIRTH NO. 13021 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 69

0164

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marble Hill	
c. LENGTH OF STAY (in this place) 3 hrs		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Charlotte	b. (Middle) D.	c. (Last) Slinkard	4. DATE OF DEATH (Month) (Day) (Year) March 2, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 2, 1952	9. AGE (in years) (Months) (Days) (Hours) (Min.) 0 0 0 3
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 (City and State or Foreign Country) Cape Girardeau, Mo.
				12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Slinkard	13b. MOTHER'S MAIDEN NAME Agnes Seabaugh	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME William Slinkard-Marble Hill, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 5 months gestation		
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 776x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Mar 2, 1952 to Mar 2, 1952, that I last saw the deceased alive on Mar 2, 1952 and that death occurred at 6:50P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward D. Campbell MD	23b. ADDRESS Cape Girardeau, Mo.	23c. DATE SIGNED March 2, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 3, 1952	24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
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DATE REC'D BY LOCAL REG. 3-4-52	REGISTRAR'S SIGNATURE C. C. Summers	44-0	25. FUNERAL DIRECTOR'S SIGNATURE Howard B. Hamon	ADDRESS Cape Gir, Mo.
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Campbell

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 _____

Body was not embalmed.

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.