

17359

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 58
 BIRTH NO. 90-38 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - NEOSHO - Rt 4.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO - RURAL 0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WEST BENTON Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>ROUTE 4.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERTA</u> b. (Middle) <u>JEAN</u> c. (Last) <u>SLAUGHTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 16 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>FEB. 2 1952</u>
9. AGE (In years last birthday) <u>3 MOS</u>		10. KIND OF BUSINESS OR INDUSTRY <u>0</u>	11. BIRTHPLACE (State or foreign country) <u>GRANDY, HOSPITAL, 0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>ALBERT SLAUGHTER.</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE MEAD.</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ALBERT SLAUGHTER</u> ADDRESS <u>NEOSHO RT 4.</u>	
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>Primary Purpura</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</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) _____ 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"/>		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 <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>2-2</u> , 19 <u>52</u> , to <u>5-16</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-16</u> , 19 <u>52</u> , and that death occurred at <u>6:35 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Melvin M. Cullough, D.O.</u> (Degree or title)		23b. ADDRESS <u>Jan. BK. Bldg. Nesho, Mo.</u>	
23c. DATE SIGNED <u>5-20-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>MAY 18 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKWOOD CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>NEWTON COUNTY, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson Sr. Nesho Mo.</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>MAY 18 1952</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File No. 652-99

Date Filed JUN 4 1952

NEOSHO, MISSOURI

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 Robert L. Senter

Licensed Embalmer No. 4782

P. O. Address Neosho 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.