S. No. 300
. 10.48

FILED AUG 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25314

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 150

1. PLACE OF DEATH
a. COUNTY Phelps 081 4
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rolla
c. LENGTH OF STAY (In this place) 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mc Farland Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Stoddard 1030
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bernie 1
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Chauncy
b. (Middle) Allen
c. (Last) Slayton

4. DATE OF DEATH (Month) July (Day) 28 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 5-25-1888
9. AGE (In years last birthday) 64
If under 1 year: Months 2 Days 3
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegrapher
10b. KIND OF BUSINESS OR INDUSTRY ___
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert S Slayton
13b. MOTHER'S MAIDEN NAME Betty Wilkerson
14. NAME OF HUSBAND OR WIFE ___

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. Unknown
17. INFORMANT'S SIGNATURE OR NAME L B Woods
ADDRESS Bernie, 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) Chronic nephritis & myocardial damage — INTERVAL BETWEEN ONSET AND DEATH: 2 years (?)

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 592X
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* 6-23-52, 19__, to present, 19__, *that I last saw the deceased alive on* ___, 19__, *and that death occurred at* 3:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. E. Ford M.D.
23b. ADDRESS Rolla mo
23c. DATE SIGNED 8-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-30-52
24c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery
24d. LOCATION (City, town, or county) (State) Bernie Missouri

DATE REC'D BY LOCAL REG. Aug 2, 1952
REGISTRAR'S SIGNATURE Nadine L. Steel
25. FUNERAL DIRECTOR'S SIGNATURE G.K. Tucker
ADDRESS Bernie Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Phelps County Health Officer,
County File Number
Date Filed 8-8-52

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 R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Rolla, 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.