

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8661**
Registrar's No. **24**

No. 300
10-48

13238

FILED MAR 25 1953

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014**

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

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax		c. LENGTH OF STAY (In this place) 4 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Comm. Hospital		d. STREET ADDRESS (If rural, give location) d	

3. NAME OF DECEASED (Type or Print)	a. (First) ALAN	b. (Middle) WAYNE	c. (Last) SLOAN	4. DATE OF DEATH (Month) (Day) (Year) March 14 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH March 10, 1953	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR 0	IF UNDER 24 HRS. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby	10b. KIND OF BUSINESS OR INDUSTRY #####	11. BIRTHPLACE (City and State or Foreign Country) Fairfax Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Morris A. Sloan	13b. MOTHER'S MAIDEN NAME Martha Koenig	14. NAME OF HUSBAND OR WIFE #####
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Morris A. Sloan	ADDRESS Fairfax Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cryptosporidiosis foetalis		INTERVAL BETWEEN ONSET AND DEATH 7 days
	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 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)
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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
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22. I hereby certify that I attended the deceased from **3/10/53**, to **3/14/53**, that I last saw the deceased alive on **3/14/53**, 19**53**, and that death occurred at **4:30A** m., from the causes and on the date stated above.

23a. SIGNATURE E. G. Wiedermeyer MD (Degree or title)	23b. ADDRESS Fairfax Mo.	23c. DATE SIGNED 3/16/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 16, 1953	24c. NAME OF CEMETERY OR CREMATORY Walkups Grove Cemetery	24d. LOCATION (City, town, or county) (State) Fairfax Mo.
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DATE REC'D BY LOCAL REG. Mar 17, 1953	REGISTRAR'S SIGNATURE Marvin J. Schaefer	25. FUNERAL DIRECTOR'S SIGNATURE Schooler	ADDRESS Fairfax Mo
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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 Merwin H. Schaefer

Licensed Embalmer No. 4162

P. O. Address Fairfax, Missouri

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.