

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10088

FILED APR 9 1953
BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1611

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 1109 Charlotte 31480			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2				3. NAME OF DECEASED a. (First) Vivian b. (Middle) Slaughter c. (Last) Slaughter					
4. DATE OF DEATH 3 19 53		5. SEX 3 Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2			
8. DATE OF BIRTH July 6, 1897		9. AGE (In years last birthday) 55 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) Little Rock, Kentucky				12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME George Perkins		13b. MOTHER'S MAIDEN NAME Ino Pierre		14. NAME OF HUSBAND OR WIFE Henry Slaughter					
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. 493-34-8536		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vivian Hamilton 1109 Charlotte					
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) Generalized Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of rectum DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Perforation of colostomy				INTERVAL BETWEEN ONSET AND DEATH 154 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Recent abdominal & peritoneal resection of the colon.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 2-10-53, 19__, to 3-19-53, 19__, that I last saw the deceased alive on 3-19-53, 19__, and that death occurred at 10:05 a.m., from the causes and on the date stated above.									
23a. SIGNATURE E. Frank Ellis				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 3-20-53			
24a. BURIAL, CREMATION, OR TOMB REMOVAL (Specify)		24b. DATE 3-23-53		24c. NAME OF CEMETERY OR CREMATORY Lincoln		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 3-23-53		REGISTRAR'S SIGNATURE Leraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Bros. Funeral Home 18th & Benton					

(Licensed Embalmer's Statement on Reverse Side)

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

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 Bruce A. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton Ave

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.