

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28089**

FILED SEP 14 1953

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		Registrar's No. 79	
1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Clinton			
b. CITY (If outside corporate limits, write RURAL and give township) Cameron		c. LENGTH OF STAY (in this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) Cameron		OR TOWN 0256	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hosp				d. STREET ADDRESS (If rural, give location) 308 1/2 Popplest Cameron Community Hosp			
3. NAME OF DECEASED (Type or Print) John Breckenridge Sloan		a. (First) John		b. (Middle) Breckenridge		c. (Last) Sloan	
4. DATE OF DEATH (Month) (Day) (Year) 9 7 53		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Oct 8 1865		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Wayne Co. Kentucky		12. CITIZENSHIP OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Sloan		13b. MOTHER'S MAIDEN NAME Polly Hurt		14. NAME OF HUSBAND OR WIFE. Sophia Sloan			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mar. Walter Pyler Cameron			
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) Chronic myocarditis				INTERVAL BETWEEN ONSET AND DEATH 15 yrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis				15 yrs.	
		DUE TO (c) asthma				20 yrs.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. asthma				10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. 4-2-21				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)		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 2-1 , 19 48 , to 9-2 , 19 53 , that I last saw the deceased alive on 9-3 , 19 52 , and that death occurred at 2:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. Hetherington M.D.				23b. ADDRESS Cameron Mo		23c. DATE SIGNED 9-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-9-53		24c. NAME OF CEMETERY OR CREMATORY Buceland Cem.		24d. LOCATION (City, town, or county) (State) Cameron Mo	
DATE REC'D BY LOCAL REG. 9-10-53		REGISTRAR'S SIGNATURE Winifred W. Moser		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Palmer Funeral Home (Cameron)			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 1 1963

NOV 15 1962

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

Neal R Dawson

Licensed Embalmer No. *4754*

P. O. Address *Maywell, 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.