

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38339

State File No. ....

FILED DEC 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1269

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Buchanan</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>Buchanan</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Joseph</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Joseph</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>802 Pacific st.</b>                                    |  | d. STREET ADDRESS (If rural, give location)<br><b>802 Pacific St.</b>  |  |

|  |            |             |                               |   |
|--|------------|-------------|-------------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br><b>John</b> | a. (First) | b. (Middle) | c. (Last)<br><b>Slaughter</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>12 7 1953</b> |
|--|------------|-------------|-------------------------------|---|

|                       |                                  |  |   |  |
|-----------------------|----------------------------------|--|---|--|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>Negro</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>June 14 1875</b> | 9. AGE (In years) (last birthday) <b>78</b><br>if UNDER 1 YEAR<br>if UNDER 24 HRS. |
|-----------------------|----------------------------------|--|---|--|

|   |  |  |  |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Labor</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Lathrop Mo.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S. A.</b> |
|---|--|--|--|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME<br><b>John Slaughter</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Lettie Snotie</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Minnie Slaughter (Dec)</b> |
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|   |  |   |                                    |
|---|--|---|------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>No</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Beatrice Gray</b> | CITY ADDRESS<br><b>802 Pacific</b> |
|---|--|---|------------------------------------|

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|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 day</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b> |  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |   | DUE TO (b) <b>Chronic Arterio-sclerotic Heart Disease</b>                                      |  |
|   |   | DUE TO (c) <b>Disease</b> <b>4200</b>  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   | <b>Man died suddenly at his home without a history of recent serious illness or disability</b> |  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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)<br><b>Viewed</b> | 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 ~~announced~~ the deceased from **on 12/7, 1953**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:45 A. M.**, from the causes and on the date stated above.

|   |                   |                                       |                                    |
|---|-------------------|---------------------------------------|------------------------------------|
| 23a. SIGNATURE<br><b>H. F. Mundy M.D. (Coroner)</b> | (Degree or title) | 23b. ADDRESS<br><b>St. Joseph Mo.</b> | 23c. DATE SIGNED<br><b>12/7/53</b> |
|---|-------------------|---------------------------------------|------------------------------------|

|  |                              |   |  |
|--|------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>A BURIAL</b> | 24b. DATE<br><b>12/10/53</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Ashland Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Joseph Mo.</b> |
|--|------------------------------|---|--|

|   |   |     |  |                                  |
|---|---|-----|--|----------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>Dec 10, 1953</b> | REGISTRAR'S SIGNATURE<br><b>Kathleen M. Allison</b> | 445 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Beatrice Gray</b> | ADDRESS<br><b>812 Pacific St</b> |
|---|---|-----|--|----------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

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

*Emma Clark*

Licensed Embalmer No. *4238*

P. O. Address

*St. Joseph 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.