

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12231**  
**1621**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>48 yrs.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>3423 E. 9th.</b>		STREET ADDRESS (If rural, give location) <b>3423 E. 9th.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>HILL</b> c. (Last) <b>SLOAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 8, 1954</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>	8. DATE OF BIRTH <b>JUNE 4, 1871</b>	9. AGE (In years last birthday) <b>82</b>	10. UNDER 1 YEAR Months	11. UNDER 1 HRS. Days	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCK FOREMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. TERMINAL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ALBANY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Thomas A. Sloan</b>	13b. MOTHER'S MAIDEN NAME <b>Susan McLaugh</b>	14. NAME OF HUSBAND OR WIFE <b>IDA SLOAN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>703-03-9138</b>	17. INFORMANT'S SIGNATURE OR NAME <b>O.W. SLOAN</b>	ADDRESS <b>6325 COLLEGE</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>  <b>years</b>  <b>4201</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Infarction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</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 checked="" 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) m.	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 on **1954** to **4-8-1954** that I last saw the deceased give on **3-19-1954** and that death occurred at **4:52 p.m.** from the causes and on the date stated above.

23a. SIGNATURE <b>Eugene C. Black</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1628 Pinal Rd Kansas City Mo</b>	23c. DATE SIGNED <b>4-9-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>APRIL 12, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON</b>	24d. LOCATION (City, town, or county) (State) <b>K.C., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-16-54</b>	REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.H. Blackman &amp; Son Inc.</b>	ADDRESS <b>K.C., Mo.</b>
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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.....  
Signature of Student Embalmer

Signed..... *Bert B. Bennett*

Licensed Embalmer No. *4650*

P. O. Address *T. Ross and*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.