

FILED MAY 28 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 16871

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>88</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (in this place) <u>Transit</u>		c. CITY OR TOWN <u>Neelyville</u>		d. Is Residence within limits of a city (incorporated town)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 63 and Kingshighway</u>				e. STREET ADDRESS (If rural, give location) <u>Route 1</u>			
3. NAME OF DECEASED (Type or Print) <u>OSCAR</u>		a. (First)		b. (Middle)		c. (Last) <u>SLOAN</u>	
4. DATE OF DEATH <u>May 12, 1954</u>		(Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 10, 1906</u>		9. AGE (in years last birthday) <u>48</u>		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prof. Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>E.M.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Martin, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William J. Sloan</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Mae Kraft</u>		14. NAME OF HUSBAND OR WIFE <u>Neva</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1922</u>		16. SOCIAL SECURITY NO. <u>400-01-0024</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Neva Sloan</u>		ADDRESS <u>Neelyville, Mo.</u>	
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* <u>Traumatic injuries to chest</u> INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Accidental death</u> 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"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Rolla Phelps</u> (STATE) <u>MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 12, 1954 7:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Scarcely out of car on highway 63 &amp; 66 so</u>			
22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased on <u>May 5, 1954</u> , and that death occurred at <u>7:30 PM</u> m., from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <u>S. L. Noll, Coroner</u>				22b. ADDRESS <u>Rolla</u>		22c. DATE SIGNED <u>2/14/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 13, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mossie Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Martin, Kentucky</u>	
DATE REC'D BY LOCAL REG. <u>May 17, 1954</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steels</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Noll</u>		ADDRESS <u>Null &amp; Sons Funeral Home Rolla, Mo.</u>	

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

JUN 25 1934

MAY 28 1934

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..... Paul E. Zull

Licensed Embalmer No. 449

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