

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25196**

FILED SEP 14 1955

0.300
0.48

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>257</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Adair		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Rural Walnut Township		c. LENGTH OF STAY (in this place) 0 0 0		d. STREET ADDRESS (If rural, give location) North West of South Gifford Mo.	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		5. SEX		6. COLOR OR RACE	
a. (First) Chester		b. (Middle) Floyd		c. (Last) Slaughter		d. (Month) (Day) (Year) September 5 1955	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. CITIZEN OF WHAT COUNTRY?	
Married		June 28 1905		50		U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Farmer				Missouri		U. S. A.	
13a. FATHER'S NAME C. L. Slaughter		13b. MOTHER'S MAIDEN NAME Mary Frances Fritz		14. NAME OF HUSBAND OR WIFE Mary Frances Slaughter			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Frances Slaughter Yarrow Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 15 min	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion					
		ANTECEDENT CAUSES					
		DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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 Sept 5, 1955 , to Sept 5, 1955 , that I last saw the deceased alive on Sept 5, 1955 , and that death occurred at 2-15 pm. , from the causes and on the date stated above.							
23a. SIGNATURE <i>Harold D. W. ...</i>		23b. ADDRESS La Plata Mo.		23c. DATE SIGNED 9/5/55			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		Sept 7 1955		La Plata		La Plata Mo	
DATE REC'D BY LOCAL BEG. 9-8-55		REGISTRAR'S SIGNATURE Kate Lambert		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS W. H. McCallister South Gifford Mo			

(Licensed Embalmer's Statement on Reverse Side)

SEP 15 1952

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

Clyde M. Callum

Licensed Embalmer No. 3226.....

P. O. Address South Gifford 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.