

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26482

State File No. \_\_\_\_\_

FILED SEP 7 1955

3661

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If location: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>KANSAS City</u> )		c. LENGTH OF STAY (In this place township) <u>6 YEARS</u>		c. CITY OR TOWN <u>KANSAS City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9th Street + WALNUT</u>				STREET ADDRESS (If rural, give location) <u>103 4500 HANOVER COURT 3638</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>			b. (Middle) <u>SCOTT</u>		c. (Last) <u>SLOAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 17, 1955</u>
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>Oct 16, 1889</u>		9. AGE (In years last birthday) <u>55</u>	if under 1 YEAR Months _____ Days _____	if under 4 yrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUPERINTENDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railway TERMINALS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Biggsville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES S. SLOAN, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>HETTIE CRAMMER</u>		14. NAME OF HUSBAND OR WIFE <u>MARLETA SLOAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>707-07-2723</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MARLETA SLOAN, 4500 HANOVER COURT</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <u>4:20</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:51p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u>					23b. ADDRESS <u>1039 Pinalto Blvd</u>		23c. DATE SIGNED <u>8-19-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 20, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. MORIAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS City MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>8-19-55</u>		REGISTRAR'S SIGNATURE <u>neva minalall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER &amp; SONS</u> ADDRESS <u>BRUSH CREEK BLVD K.C. MO.</u>			

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

OCT 23 1958

SEP 8 1955

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, ~~by~~ ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Forrest D. Goldsnon* .....

Licensed Embalmer No...4719

P. O. Address...K.C. 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.