10.48

STANDARD CERTIFICATE OF DEATH

State File No. 29551

FILED OCT 14 1955

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5480 Registrar's No. 142

0400

1. PLACE OF DEATH

a. COUNTY: Grundy

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.F.D Trenton

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D Trenton Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri b. COUNTY: Grundy

c. CITY OR TOWN: Trenton

d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location): 2113 Lulu

0403

3. NAME OF DECEASED (Type or Print)

a. (First): Cecil b. (Middle): Woodrow c. (Last): Wilson Sloan

4. DATE OF DEATH (Month) (Day) (Year): about Oct 2, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Feb 24 1917

9. AGE (In years last birthday): 38 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employee at Bakery.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Grundy Co. Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Earl Sloan

13b. MOTHER'S MAIDEN NAME: Bertha MacMcClain

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S SIGNATURE OR NAME: Bertha Etter ADDRESS: Trenton, Mo

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) 22 caliber bullet wound in head — INTERVAL BETWEEN ONSET AND DEATH: instantly

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) one laterlly through head

DUE TO (c) one fractured cervical vertabrae

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* body found along public road

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 981X

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): homicide

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Oct 7, 19 55, to XXXXXXXXXXXX, that I last saw the deceased alive on XXXXXXXXXX, and that death occurred at ? m., from the causes and on the date stated above.

23a. SIGNATURE: Donald N Slater (Degree or title): County Coroner

23b. ADDRESS: Trenton, Missouri

23c. DATE SIGNED: 10-10-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct 10 1955

24c. NAME OF CEMETERY OR CREMATORY: Maple Grove Cemetery

24d. LOCATION (City, town, or county) (State): Trenton, Mo.

DATE REC'D BY LOCAL REG.: 10-10-55

REGISTRAR'S SIGNATURE: Irene Farr

25. FUNERAL DIRECTOR'S SIGNATURE: Gordon Blackmore ADDRESS: Trenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 14 1956

JAN 19 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald H Slater

Licensed Embalmer No. 4467

P. O. Address Trenton, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.