

STANDARD CERTIFICATE OF DEATH

State File No. 30158

FILED OCT 14 1955

BIRTH NO. REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No.

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Plata		c. CITY OR TOWN La Plata, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 Yrs		e. STREET ADDRESS (If rural, give location) 26160	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) Eltie c. (Last) Slaughter			4. DATE OF DEATH (Month) (Day) (Year) Oct 4, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 4, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 7 Days - Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and State or Foreign Country) Near La Plata, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Andrew B. Slaughter	13b. MOTHER'S MAIDEN NAME Mary Jane Turner	14. NAME OF HUSBAND OR WIFE Mrs Ora Slaughter
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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) no	16. SOCIAL SECURITY NO. 499-01-9873	17. INFORMANT'S SIGNATURE OR NAME Mrs Ora Slaughter	ADDRESS La Plata, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Overdose of liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 5810		
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)	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 from **Sept 27, 1955** to **Oct 4, 1955**, that I last saw the deceased alive on **Oct 4, 1955**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Death or title) Harold D. Decker	23b. ADDRESS La Plata Mo.	23c. DATE SIGNED 10-4-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 6 1955	24c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery	24d. LOCATION (City, town, or county) (State) La Plata, Mo.
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DATE REC'D BY LOCAL REG Oct 8-55	REGISTRAR'S SIGNATURE Mrs O. S. Giffen	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Wilson	ADDRESS La Plata Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10. 11. 55
MACON COUNTY HEALTH DEPARTMENT
County File No. 10-55-168
Date Filed 10. 13. 55

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 *Kenneth M. Wilson*.....

Licensed Embalmer No...4701

P. O. Address....La Plata, ..

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.