

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5376

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CARTHAGE</b>		c. LENGTH OF STAY (In this place) <b>3 YRS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CARTHAGE RR. 4</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCUNE BROOKS HOSPT.</b>			d. STREET ADDRESS (If rural, give location) <b>0490</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>GLENN</b> b. (Middle) <b>GILBERT</b> c. (Last) <b>SLATES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 22 1956</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG 29 1929</b>		9. AGE (In years last birthday) <b>26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ELECTRICIAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ATLAS POWDER PLANT</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>LAMAR MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>CARL SLATES</b>		13b. MOTHER'S MAIDEN NAME <b>MADEL KUNKLER</b>		14. NAME OF HUSBAND OR WIFE <b>WILMA SLATES</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>497-30-9321</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Carl Slates Sheldon Inc.</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>3rd Degree Burns, involving 70% of Body -</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 hours</b>
			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. <b>9170</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>17</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HOME</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Route # 4 049 Jasper MO.</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb. 21, 1956 5:00 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Explosion of Butane Hot-Water Tank.</b>		
22. I hereby certify that I attended the deceased from <b>July</b> , 1953, to <b>Feb 22</b> , 1956, that I last saw the deceased alive on <b>Feb. 22</b> , 1956, and that death occurred at <b>9:10 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) of <b>Frank H. Boone M.D.</b>		23b. ADDRESS <b>121 West 4th, Carthage, Mo</b>		23c. DATE SIGNED <b>2-23-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <b>FEB 24-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sheldon</b>	24d. LOCATION (City, town, or county) (State) <b>Sheldon MO</b>		
DATE REC'D BY LOCAL REG. <b>2-24-56</b>	REGISTRAR'S SIGNATURE <b>Ell Clinton</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>St. Bernard Burg Sheldon Inc</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAIN 2 1956  
Jasper County Health Office

County File Number  
State Filed

56-3-196  
MAR 2 1956

MAR 15 1956

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 L. Bernard Beery

Licensed Embalmer No. 4161

P. O. Address Sheldon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.