

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19691

State File No.

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 708

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph | c. LENGTH OF STAY (in this place) 3 Wks. | c. CITY OR TOWN Clarksdale | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph's Hospt. | | e. STREET ADDRESS (If rural, give location) 0320 | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Benjamin | b. (Middle) Franklin | c. (Last) Slaybaugh | 4. DATE OF DEATH (Month) (Day) (Year) 6 - 27 - 56 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 9/5/1867 | 9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Merchant & Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Easton, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Augustus Slaybaugh | 13b. MOTHER'S MAIDEN NAME Sarah Blankenship | 14. NAME OF HUSBAND OR WIFE Rebecca Slaybaugh |
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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. none | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ora Boyer, Clarksdale, Mo. | ADDRESS |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1 wk 3 wks. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho - pneumonia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture - left femur DUE TO (c) Gen. arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis 9040 | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 21 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clarksdale DeKalb Missouri |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 6, 1956 ? P.m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? fell at home 0320 |
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22. I hereby certify that I attended the deceased from 6-6, 1956, to 6-27, 1956 that I last saw the deceased alive on 6-26, 1956, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) J. Phoretis M.D. | 23b. ADDRESS Doctors Bldg., City | 23c. DATE SIGNED 6-27-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6/30/56 | 24c. NAME OF CEMETERY OR CREMATORY Freeman Chapel | 24d. LOCATION (City, town, or county) (State) Buchanan Co. Mo. |
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| DATE REC'D BY LOCAL REG. June 28, 1956 | REGISTRAR'S SIGNATURE Ethel M. Allison | 25. FUNERAL DIRECTOR'S SIGNATURE W.E. Summerfield | ADDRESS Stewartsville, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *W.E. Zimmerman field*

Licensed Embalmer No. *5002*

P. O. Address *Stewartville*

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.