

No. 300
10. 48

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23039

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 373

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (In this place) 1 week	c. CITY OR TOWN Cape Girardeau
d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Osteopathic Hosp		e. STREET ADDRESS (If rural, give location) 1014 Kingsway	
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle) Slaughter	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Aug 8 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 30 1881
9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 8	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Burfordsville Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Hezikhah Eakins	
13b. MOTHER'S MAIDEN NAME Rachel Ervin		14. NAME OF HUSBAND OR WIFE Fred J Slaughter (Dead.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Mr R. O Slaughter		ADDRESS Cape Gir Mo.	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) Circulatory Failure (Decomposed in Pulmones)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH 9030	
ANECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pericumbency		DUE TO (c) Fracture Lt Hip.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Pelvic Tumor - Colitis - Proctitis - Cystitis			
19a. DATE OF OPERATION 8/4/56		19b. MAJOR FINDINGS OF OPERATION Open Reduction of Fracture of Lt Femur at neck.	
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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) Cape Girardeau, Cape Girardeau, Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 2, 1956 6:00p.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Patent slipped & fell while working to kitchen	
22. I hereby certify that I attended the deceased from Aug 2, 1956 , to Aug 8, 1956 , that I last saw the deceased alive on Aug 8, 1956 , and that death occurred at 1:20 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. Howell		23b. ADDRESS P.O. 2 28 S. Grand Cape Girardeau Mo	
23c. DATE SIGNED 8/10/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-9-1956	24c. NAME OF CEMETERY OR CREMATORY McGuire Cemetery	24d. LOCATION (City, town, or county) (State) Burfordsville Mo.
DATE REC'D BY LOCAL REG. 8-11-56		REGISTRAR'S SIGNATURE W. C. Summers	
25. FUNERAL DIRECTOR'S SIGNATURE Brinkopf Howell		ADDRESS Funeral Home Cape Gir. Mo	

AUG 14 1958

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 Just Embalmed....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. H. Estes.....

Licensed Embalmer No. 356

P. O. Address Orange.....

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.