

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35173**

FILED OCT 23 1956

BIRTH NO. _____ REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 354

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

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FARMINGTON</u>		c. LENGTH OF STAY (in this place) <u>3 mos.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WHITEWAY NURSING HOME</u>			d. STREET ADDRESS (If rural, give location) <u>1126 A. MADISON</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>SLINKARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 6, 1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 3, 1881</u>	9. AGE (In years last birthday) <u>75</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>BOLLINGER CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>ANTHONY RAGSDALE</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>DOLLAR WILLIAM SLINKARD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service.)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. DEWEY BORNEN-FREDERICKTOWN, MO.</u> ADDRESS _____	

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) <u>Acute Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			<u>3 days</u>
		DUE TO (c) <u>Hypertension</u>			<u>2 years</u>
		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"/>
------------------------------	--	--

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) <u>444x</u>	
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? _____	

22. I hereby certify that I attended the deceased from Oct 3, 1956 to Oct 6, 1956, that I last saw the deceased alive on Oct 5, 1956, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lu Stumfield</u> (Degree or title) _____		23b. ADDRESS <u>Farmington, Mo</u>		23c. DATE SIGNED <u>10/7/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10/9/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>10-7-56</u>		REGISTRAR'S SIGNATURE <u>Ester Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Adkinson</u> ADDRESS <u>FREDERICKTOWN, MO.</u>	

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

Raymond Wilson

Licensed Embalmer No. *4884*

P. O. Address *Fredricktown N*

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