No. 300
10.48

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

FILED AUG 6 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23861

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pleasant Hill
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 120 N. Campbell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN: Pleasant Hill
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 120 N. Campbell

1190

3. NAME OF DECEASED (Type or Print)
a. (First): Ruby
b. (Middle): Gertrude
c. (Last): Sloan

4. DATE OF DEATH (Month) (Day) (Year): July 27, 1957

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: March 14, 1902
9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Public Schools
11. BIRTHPLACE (City and State or Foreign Country): Pleasant Hill, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Wilson R. Sloan
13b. MOTHER'S MAIDEN NAME: Daisy Anne Davis
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: 495-30-7784
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Daisy Sloan
ADDRESS: Pleasant Hill, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast. — INTERVAL BETWEEN ONSET AND DEATH: 7 Mo

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.

19a. DATE OF OPERATION: 28 May 57.
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast. 170X
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-19-, 1949, *to* 7-27-, 1957, *that I last saw the deceased alive on* 7-27-57 19___, *and that death occurred at* 10:35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A W Eckert MD
23b. ADDRESS: Pleasant Hill, Mo
23c. DATE SIGNED: 7-29-57

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7/29/57
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cem.
24d. LOCATION (City, town, or county) (State): Pleasant Hill, Missouri

DATE REC'D BY LOCAL REG.: July 29, 1957
REGISTRAR'S SIGNATURE: Flora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE: Brownfield-Stanley
ADDRESS: Pleasant Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 5 1957
CASS COUNTY
HEALTH DEPARTMENT

APR 11 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond D. Stanley

Licensed Embalmer No. 500

P. O. Address Pleasant R

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.