

FILED JUL 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25333

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY MACON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MACON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MACON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN FARM) ATLANTA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SAMARITAN			Length of stay in 1b 1 DAY	d. STREET ADDRESS (If outside, give location) P.O.			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lutie DORA SLATON				4. DATE OF DEATH Month Day Year 6-27-1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1-3-1914		9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days Hours Min. 5 24 - -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John O. Garnett				14. MOTHER'S MAIDEN NAME MAUDE MAY OCKETT			
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.		17. INFORMANT Address Hill SLATON - ATLANTA MO			
18. CAUSE OF DEATH [Enter one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain tumor type undetermined						INTERVAL BETWEEN ONSET AND DEATH 40.5 mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Paralysis of Respiratory center & or pressure				Hemorrhage 24 hrs.	
DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Tumor of Colon					
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21: I attended the deceased from June 27, 1956 , to June 27, 1956 and last saw her was alive on June 27, 1957 Death occurred at 6:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Donald E Eggleston M.D.				22b. ADDRESS Macon, Missouri		22c. DATE SIGNED 3 July 57	
23a. BURIAL, CREMATION, REINTERMENT BURIAL	23b. DATE 6-30-1957	23c. NAME OF CEMETERY OR CREMATORIA MT. TABOR		23d. LOCATION (City, town, or county) (State) MACON - MO			
24. FUNERAL DIRECTOR Theo Gooding - ATLANTA, MO		ADDRESS		25. DATE RECD. BY LOCAL REG. 7/7/57		26. REGISTRAR'S SIGNATURE Wick M Sweeney	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

NOV 22 1957

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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~~ Thos H Goodding Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thos H Goodding

Licensed Embalmer No. 38

P. O. Address Atlanta

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