

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36496
STATE FILE NUMBER

FILED OCT 22 1957

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 170

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 450 Sloan St.		Length of stay in lb 5 Yrs	d. STREET ADDRESS (If outside, give location) 450 Sloan St. Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Eddie Middle Last Sloan			4. DATE OF DEATH Month Oct. Day 14 Year 1957
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 16 1952
9. AGE (In years last birthday) 5		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	11. BIRTHPLACE (City and state or country) Lebanon Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Arthur Sloan	13b. MOTHER'S MAIDEN NAME Goldie Reeves
14. NAME OF HUSBAND OR WIFE —		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 Arthur Sloan Lebanon Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain tumor malignant Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 193X	
19. INTERVAL BETWEEN ONSET AND DEATH 3 yrs.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 9-18-57 to 10-14-57 and last saw ^{her} him alive on 10-14-57 Death occurred at 9:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B B Hurst, M.D. (Degree or title)		22b. ADDRESS Lebanon, Mo.	
22c. DATE SIGNED 10-17-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 10/16/57		23c. NAME OF CEMETERY OR CREMATORY Graceland	
23d. LOCATION (City, town, or county) (State) Laclede Co. Mo.		24. FUNERAL DIRECTOR S. P. Pullmer ADDRESS Lebanon Mo	
25. DATE RECD. BY LOCAL REG. 10-17-1957		26. REGISTRAR'S SIGNATURE Hella L. Day	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Received 10-21-57
Laclede County Health Unit
File No. 170
Date Filed 10-21-57

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 S. R. Pulson

Licensed Embalmer No. 2208

P. O. Address Shannon m

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.