Dept. Health, Ed., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 43718

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY: CAPE GIRARDEAU
b. CITY OR TOWN: CAPE GIRARDEAU — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. FRANCIS HOSPITAL — Length of stay in 1b: 1 1/2 HRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: SCOTT
c. CITY OR TOWN: CHAFFEE — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 147 W. YORKUM AVE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ADDIE Middle: ANN Last: SLAUGHTER

4. DATE OF DEATH: Month: DEC. Day: 28 Year: 1957

5. SEX: FEMALE 6. COLOR OR RACE: WHITE 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: NOV. 29, 1890

9. AGE (In years last birthday): 67 IF UNDER 1 YEAR: Months: 0 Days: 29 IF UNDER 24 HRS.: 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:

11. BIRTHPLACE (City and state or country): MULDROW, OKLAHOMA 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: THOMAS DICKSON 13b. MOTHER'S MAIDEN NAME: NANCY WALKER 14. NAME OF HUSBAND OR WIFE: JEWELL POLK SLAUGHTER

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.: NONE 17. INFORMANT: J.P. SLAUGHTER Address: CHAFFEE, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction — 1-2 wks
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 4201

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] 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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] 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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Charles F. Bahn (Degree or title) MD 22b. ADDRESS: Cape Girardeau, Mo 22c. DATE SIGNED: 1 3 58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 23b. DATE: DEC. 31, 1957 23c. NAME OF CEMETERY OR CREMATORY: UNION PARK CEMETERY 23d. LOCATION (City, town, or county) (State): CHAFFEE, MISSOURI

24. FUNERAL DIRECTOR: BISPLINGHOFF FUNERAL HOME ADDRESS: CHAFFEE, MO 25. DATE RECD. BY LOCAL REG.: 1-3-58 26. REGISTRAR'S SIGNATURE: Elizabeth Summers Dep

(Licensed Embalmer's Statement on Reverse Side)

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

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JAN 1 9 1958

VS FEB 2 3 1962

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 Jack D. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo.

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.