

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2148

STATE FILE NUMBER

FILED JAN 15 1958

Registration District No. 2456 Primary Registration District No. 2001 Registrar's No. 2

300  
1-57

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

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>	
b. CITY OR TOWN <b>RURAL - SHOAL CREEK TWP</b> (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>RURAL - SHOAL CREEK TWP</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RT. 4, JOPLIN</b> Length of stay in lb <b>50 YRS</b>		d. STREET ADDRESS <b>RT. 4, JOPLIN</b> (If outside, give location) <b>8730</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First <b>LENORA</b> Middle <b>ALLEN</b> Last <b>SLOAN</b>			4. DATE OF DEATH <b>JAN. 2, 1958</b> Month Day Year
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 5, 1869</b>
9a. AGE (In years, months, days) <b>88</b>		9b. IF UNDER 1 YEAR Months Days	9c. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and state or country) <b>MT. HOPE, ILLINOIS</b>
13a. FATHER'S NAME <b>JOHN ALLEN</b>		13b. MOTHER'S MAIDEN NAME <b>JULIA GOULD</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		14. NAME OF HUSBAND OR WIFE <b>DR. ELMER L. SLOAN, DECD</b> <b>12-2-36</b>	17. INFORMANT Address <b>MISS MAUDE HILDRETH, RT. 4, JOPLIN</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Strangulation by hanging</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>974X</b>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Hanged self from bean on porch</b>	
20c. TIME OF INJURY .Hour Month, Day, Year a.m. <b>1-2-1958</b> p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>At Home</b>	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Newton County Missouri</b>	
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 (Degree or title) <b>Earley Thompson</b> Coroner		22b. ADDRESS <b>Neosho Missouri</b>	
		22c. DATE SIGNED <b>1-3-'58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>1-4-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>JACKSON CEMETERY,</b>		23d. LOCATION (City, town, or county) (State) <b>NEWTON COUNTY, MISSOURI</b>	
24. FUNERAL DIRECTOR ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>1-9-1958</b>	
		26. REGISTRAR'S SIGNATURE <b>Dove Merriam</b>	

(Licensed Embalmer's Statement on Reverse Side)

County File Number 58-1-34  
Date Filed JAN 14 1958

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 F. M. Jones .....

Licensed Embalmer No. 2319 .....

P. O. Address Joplin, 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.