

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036954
STATE FILE NUMBER

FILED OCT 22 1958 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 143

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hosp.		Length of stay in 1b 12 Hrs.	d. STREET ADDRESS (If outside, give location) 345 Lincoln
3. NAME OF DECEASED (Type or print) First Middle Last Goldie Faye Sloan			4. DATE OF DEATH Month Day Year Oct. 7 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 21 1918
9. AGE (In years) 40 (birthday)		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) Cook		10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (City and state or country) Conway Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Hosie Reeves	
13b. MOTHER'S MAIDEN NAME Serina Kelsey		14. NAME OF HUSBAND OR WIFE Arthur Sloan	
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. 498-10-8649	17. INFORMANT Address 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) Intracranial hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Possible brain tumor DUE TO (c) 1930			INTERVAL BETWEEN ONSET AND DEATH 14 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 10-6-58 to 10-7-58 and last saw ^{her} _{him} alive on 10-6-58 Death occurred at 2.00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R B Hurst, M.D. (Degree or title)		22b. ADDRESS Lebanon, Mo.	22c. DATE SIGNED 10/9/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/9/58	23c. NAME OF CEMETERY OR CREMATORY Graceland	23d. LOCATION (City, town, or county) (State) Conway Mo.
24. FUNERAL DIRECTOR S. R. Palmer ADDRESS Lebanon Mo	25. DATE RECD. BY LOCAL REG. 10-11-1958	26. REGISTRAR'S SIGNATURE Hella L. Hays	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

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Received OCT 20 1958

Laclede County Health Unit

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OCT 31

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. P. Palmer

Licensed Embalmer No. 2201
P. O. Address Lebanon

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.