

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039674

STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 183 Primary Registration District No. 5498 Registrar's No. 157

S. 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
MEDICAL CERTIFICATION

| | | | | | | | |
|--|----------------------------------|---|---|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>HARRISON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>HARRISON</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hamilton</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Earleville</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 Mile NW. Earleville 10 yrs</u> | | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <u>5 Mile NW. Earleville</u> | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Bert Everett Slaughter</u> | | | | 4. DATE OF DEATH Month Day Year <u>Dec 3, 1958</u> | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>MARCH 15, 1892</u> | | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | | 11. BIRTHPLACE (City and state or country) <u>Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>William Slaughter</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Butts</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Ruby Shoats Slaughter</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I</u> | | 16. SOCIAL SECURITY NO. <u>496-42-0795</u> | | 17. INFORMANT Address <u>Mrs. Ruby Slaughter, Earleville, Mo</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute Coronary Occlusion</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> | |
| 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) | | | | | | 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.) <u>4201</u> | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | | | | | |
| 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 <u>June 14 1955</u> to <u>Nov. 19, 1958</u> and last saw ^{him} alive on <u>NOV. 19th, 1958</u> Death occurred at <u>3:15</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Dr. Francis S. How D.O.</u> | | | | 22b. ADDRESS <u>Earleville, Mo</u> | | 22c. DATE SIGNED <u>12/5/58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Dec 5, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Audover Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>HARRISON County, Mo</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Harold W. Boygess, Earleville, Mo</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>12-7-58</u> | | 26. REGISTRAR'S SIGNATURE <u>Bella Mayes</u> | |

DEC 16 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 *Herald W. Bongers*

Licensed Embalmer No. *4762*

P. O. Address *Engleville, 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.