Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002245
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Neosho — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Sale Memorial Hospital — Length of stay in 1b: 5 da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Oklahoma b. COUNTY: Ottawa
c. CITY OR TOWN: Fairland 83.56 8 — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Altha Middle: Pearl Last: Slyter

4. DATE OF DEATH: Month Day Year: Jan. 29, 1959

5. SEX: Fem.

6. COLOR OR RACE: white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: May 14, 1880

9. AGE (In years last birthday): 78 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ---------

11. BIRTHPLACE (City and state or country): Newton Co. Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: "Bud" Golden

13b. MOTHER'S MAIDEN NAME: Elizabeth Neiswanger

14. NAME OF HUSBAND OR WIFE: Abe Slyter

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: Mrs. Bertie Draper, Address: Miami, Okla.

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) Metastatic Carcinoma pulmonary
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Squamous Cell Ca g urethra
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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 [ ] NO [X]

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 1955, to Jan 29 1959 and last saw her alive on Jan 28 1959
Death occurred at 6:30 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] c

22b. ADDRESS: Neosho Mo

22c. DATE SIGNED: Jan 29 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Feb. 1, 59

23c. NAME OF CEMETERY OR CREMATORY: Jynadotte Cemetery

23d. LOCATION (City, town, or county) (State): Jyandotte, Oklahoma

24. FUNERAL DIRECTOR: W E Bed Decaux — ADDRESS: Seneca MO

25. DATE RECD. BY LOCAL REG.: Jan. 30 1959

26. REGISTRAR'S SIGNATURE: Melvin C. Bowman, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

1959 8

District File Number 2[illegible]
Date Filed FEB 6 1959

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 ..... Signed W. E. Biddlecome
Signature of Student Embalmer

Licensed Embalmer No. 2174
P. O. Address Seneca Me

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.