

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010561

STATE FILE NUMBER

FILED APR 2 1959 Registration District No. 300 Primary Registration District No. 6029 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Keynolds</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Logan Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Rural-Logan Twp</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>Own Home</u>		Length of stay in lb <u>Life</u>		d. STREET ADDRESS <u>7 Mi W of Ellington</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Wesley</u> Last <u>Sloan</u>				4. DATE OF DEATH Month <u>Mar</u> Day <u>21</u> Year <u>1959</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>Oct 16, 1874</u>		9. AGE (In years last birthday) <u>84</u>		
10a. USUAL OCCUPATION (Give kind of work done during most 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>Ellington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Ellic Sloan</u>				14. MOTHER'S MAIDEN NAME <u>Hester Leigh</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-14-2360</u>		17. INFORMANT <u>Mary F. Sloan, Ellington, 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>Hydrostatic Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Shock - Due to Fall</u> DUE TO (c) <u>Fracture of Neck of Femur</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Senility, Paralysis Arteriosclerotic Vas. Disposit</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
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>Fall - Near Bed - Unattended.</u>					
20c. TIME OF INJURY Hour <u>8:15</u> Month <u>3</u> Day <u>14</u> Year <u>1959</u>			20d. INJURY OCCURRED WHILE AT WORK <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.) <u>HOME</u>	
20f. CITY, TOWN, OR LOCATION <u>ELLINGTON</u>			COUNTY <u>Keynolds</u>		STATE <u>Mo</u>			
21. I attended the deceased from <u>1950</u> to <u>1959</u> and last saw her/him alive on <u>3/21/59</u> Death occurred at <u>5:20 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Kenneth T. Carter MD</u>				22b. ADDRESS <u>Ellington, Mo.</u>		22c. DATE SIGNED <u>2/22/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/23/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ellington Memorial</u>		23d. LOCATION (City, town, or county) (State) <u>Ellington, Missouri</u>			
24. FUNERAL DIRECTOR <u>Pewitt Funeral Home, Ellington, Mo.</u>				ADDRESS <u>3-23-59</u>		25. DATE RECD. BY LOCAL REG. <u>3-23-59</u>		
26. REGISTRAR'S SIGNATURE <u>Hessie Evans</u>								

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

All symptoms must be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Chas. S. Smith*

Licensed Embalmer No. *45*

P. O. Address *Ellington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.