

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012017

STATE FILE NUMBER

FILED APR 8 1959 Registration District No. 338 Primary Registration District No. 6148 Registrar's No. 14

300

5-57

1. PLACE OF DEATH a. COUNTY <b>Stoddard Castor Twp/</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. <b>Stoddard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Essex Route # 1</b>		c. CITY OR TOWN <b>Essex Route # 1</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Essex Route # 1</b>		d. STREET ADDRESS (If outside, give location) <b>Route # 1</b>	
Length of stay in lb <b>6 Months</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>RICHARD A. SLAYTON</b>			4. DATE OF DEATH <b>March 19, 1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-20-1871</b>	9. AGE (In years of birthday) <b>87</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>- - -</b>	11. BIRTHPLACE (City and state or country) <b>Sagefield, Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Dan Slayton</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Maham</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> unknown) (If yes, give dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Charles Edgar DeRoush</b>	Address <b>Essex Rt. # 1</b>
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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>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>4201</b>
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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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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 <i>Wm. J. Cassel</i> <b>Coroner 3</b>	22b. ADDRESS <b>Dexter, Missouri</b>	22c. DATE SIGNED <b>3-23-59</b>
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23a. BURIAL, CREMATION, REBURY (Specify) <b>Burial</b>	23b. DATE <b>3-21-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Dogwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>East Prairie, Missouri</b>
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24. FUNERAL DIRECTOR <b>Philip J. Cassel</b> <b>Nunnelee Funeral Chapel Sikeston, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4-3-59</b>	26. REGISTRAR'S SIGNATURE <i>Mrs. George L. Baker</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, Coroner, etc., use only standard nomenclature in Part I. All diseases in Part I must be causally related.

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 Philip J. Cassidy  
Licensed Embalmer No. 4818

P. O. Address Sebaston, 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.