

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029911

FILED VS SEP 9 1959 254

Registration District No. \_\_\_\_\_ Primary Registration District No. 4386 Registrar's No. 34

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Thayer</u>		c. CITY OR TOWN <u>Thayer</u>	
Length of stay in 1b <u>91 year</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>William</u> Last <u>Sloan</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>4</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/15/1868</u>	9. AGE (last birthday) <u>91</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>		11. BIRTHPLACE (City and state or country) <u>Thayer, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Alexandain Sloan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Evans</u>	
14. NAME OF HUSBAND OR WIFE <u>Ada Sloan</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>none</u>	
17. INFORMANT <u>Ray Sloan</u>		Address <u>Thayer, Missouri</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>Bacterial meningitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

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 _____ a.m. _____ p.m. Month, Day, Year _____					
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

21. I attended the deceased from Aug 24, 1959, to 9-4-59 and last saw him alive on 9-4-59  
Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John P. Ellison M.D.</u> (Degree or title)		22b. ADDRESS <u>Thayer, Mo.</u>		22c. DATE SIGNED <u>9-5-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/6/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Thayer</u>		23d. LOCATION (City, town, or county) (State) <u>Thayer, Missouri</u>	
24. FUNERAL DIRECTOR <u>Selma Carter Thayer Inc</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>9-5-1959</u>		26. REGISTRAR'S SIGNATURE <u>Arthur Wolff</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

100 0 2 20\*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *George Carter*

Licensed Embalmer No. 4516  
P. O. Address West Plains

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