

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 10 1959

59-036739

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 163

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Laclede. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon, Missouri | | Length of stay in 1b 8 hrs. | c. CITY OR TOWN Richland, Missouri |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hospital. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) None. |
| 3. NAME OF DECEASED (Type or print) First Dorothy Middle Darlene Last Sloan. | | 4. DATE OF DEATH Month Nov. Day 2, Year 1959 | |
| 5. SEX Female | 6. COLOR OR RACE White. | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1/20/57 |
| 9. AGE (last birthday) 2 yrs | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Lebanon, Missouri |
| 13a. FATHER'S NAME Leonard LeRoy Slone. | | 13b. MOTHER'S MAIDEN NAME Dicie Delvina Corpier | 12. CITIZEN OF WHAT COUNTRY USA |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None. | 17. INFORMANT Mr. Leonard Sloan Richland, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute fulminating meningitis | | INTERVAL BETWEEN ONSET AND DEATH 36 hrs. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none | | | |
| 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 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 Nov. 2, 1959 , to _____ and last saw her alive on afternoon of Nov. 2, 1959 Death occurred at 10:30 P m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Irvan M. Ward, M.D. | | 22b. ADDRESS Richland, Missouri | 22c. DATE SIGNED 11/2/59 |
| 23a. BURIAL CREATION REMOVAL (Specify) | 23b. DATE 11/4/59 | 23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cem. Crocker, Missouri | 23d. LOCATION (City, town, or county) (State) |
| 25. DATE RECD. BY LOCAL REG. 11-3-1959 | | 26. REGISTRAR'S SIGNATURE Hella L. Hays | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6801 11/10/59 SA

NOV 10 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 _____
Signature of Student Embalmer

Signed Clarence E. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.