

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1959

59-038789

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 362

NDEB

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ADAIR KNOX</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KIRKSVILLE, Mo</u>		c. CITY OR TOWN <u>BARING, Mo</u>	
Length of stay in 1b <u>6 da.</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>LAUGHLIN HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>FARM - N.W. BARING</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>HOMER</u> Middle <u>EASWORTH</u> Last <u>SLOCUM</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>26</u> Year <u>1959</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCASIAN</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>Nov 24, 1867</u>	9. AGE (last birthday) <u>92</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____	
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>FARM</u>		11. BIRTHPLACE (City and state or country) <u>KNOX COUNTY, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>THOMAS SLOCUM</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA ROSE</u>		14. NAME OF HUSBAND OR WIFE <u>HULDAH MCANULTY</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>28-42-1409</u> <u>LOST</u>		17. INFORMANT <u>MR. DALE SLOCUM</u> Address <u>BARING, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>11/18/59</u>
IMMEDIATE CAUSE (a) <u>Hypostatic pneumonia</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Fracture right hip.</u>	
DUE TO (c) _____		<u>11/26/59</u>

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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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>Nov. 18, Patient blacked out, fell to floor of his front porch.</u>	
20c. TIME OF INJURY. Hour _____ a.m. _____ p.m. Month, Day, Year <u>11/18/59</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>Baring,</u>	COUNTY <u>Knox</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>11/20/59</u> to <u>11/26/59</u> and last saw <u>him</u> alive on <u>11/26/59</u> . Death occurred at <u>1:40</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Doris M. Rathoff</u>		22b. ADDRESS <u>711-W-Jefferson, Kirksville,</u>		22c. DATE SIGNED <u>12/1/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Nov. 29</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PRESAUNT RIDGE</u>	23d. LOCATION (City, town, county, state) <u>Knox County, Mo.</u>	

24. FUNERAL DIRECTOR <u>Walter Rogers</u>	ADDRESS <u>Bearing, Mo</u>	DATE RECD. BY LOCAL REG. <u>Dec 3, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Doris M. Rathoff</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 10 1959

JAN 29 1980

H. D. McCLURE, D.O.

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 KENNEY ROGERS Student Embalmer No. 580

working under my personal supervision.

Student Billy Rogers
Signature of Student Embalmer

Signed Richard B. Kelly

Licensed Embalmer No. 4490

P. O. Address Edin, 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: