

JR. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1960

=60-027278

INDEXED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 359 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence	Length of stay in 1b 6 Days	c. CITY OR TOWN Grain Valley	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence San & Hosp		d. STREET ADDRESS (If outside, give location) 3-1/2 Mi N.W. Pinkhill Rd	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Sallie A Slaughter	4. DATE OF DEATH July-24 1960
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5. SEX F M	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-8-1875	9. AGE (last birthday) 84 +	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Buckner Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William Kirby	13b. MOTHER'S MAIDEN NAME Susan Capelle	14. NAME OF HUSBAND OR WIFE Luther Slaughter
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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 Nellie Slaughter, Grain Valley Mo
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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) Arterial sclerotic - cardiac Vasculitis	INTERVAL BETWEEN ONSET AND DEATH 2 yrs +
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) malnutrition - diaphragmatic hernia	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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
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21. I attended the deceased from 3-15-50 to 7-24-60 and last saw her him alive on 7-24-60 Death occurred at 5:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Merrill R. Bay M.D.	22b. ADDRESS Blue Springs, Mo	22c. DATE SIGNED 7/25/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-26-1960	23c. NAME OF CEMETERY OR CREMATORY Oakland Cem	23d. LOCATION (City, town, or county) (State) Independence R3 Mo
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24. FUNERAL DIRECTOR Webb Funeral Home Blue Springs Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-26-60	26. REGISTRAR'S SIGNATURE Laura J. [Signature]
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

