

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029957

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 61

FILED AUG 28 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Barton		a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Length of stay in lb 10 years	c. CITY OR TOWN Lamar Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1406 Mill Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LEONA Middle LEE Last SLINKER			4. DATE OF DEATH Month August Day 22 Year 1962
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-20-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (last birthday) 74 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) Bronaugh, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Williams		13b. MOTHER'S MAIDEN NAME Amelia Castleberry	
14. NAME OF HUSBAND OR WIFE James Shelby Slinker		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. J. S. Slinker, Lamar, 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) Terminal Pneumonia DUE TO (b) Senility & Paralysis agitans DUE TO (c) Encephalomalacia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Anemia			INTERVAL BETWEEN ONSET AND DEATH 5 days 2-3 yrs 2-3 yrs
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.)			
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 6-57 to 8-22-62 and last saw ^{her} him alive on 8-21-62 Death occurred at 4:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Herbert M. Arnold M.D.		22b. ADDRESS Lamar, Missouri	
22c. DATE SIGNED 8-23-62		22d. LOCATION (City, town, or county) (State) Lamar, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE August 25, 1962	
23c. NAME OF CEMETERY OR CREMATORY Lake Cemetery		23d. LOCATION (City, town, or county) (State) Lamar, Missouri	
24. FUNERAL DIRECTOR Chiles Funeral Home, Lamar, Mo.		25. DATE RECD. BY LOCAL REG. 8-24-1962	
26. REGISTRAR'S SIGNATURE Marie Korant			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0061

2 0061

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9 332X

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12 90-0

13 2-0

USE BLACK INK
OR
TYPEWRITER RIBBON

See Record

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 *Chambers Child*

Licensed Embalmer No. 3473

P. O. Address Lamar 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.