

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005489

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1359

FILED MAR 7 1963

DO NOT WRITE ON THIS STUB AMENDED

VS 300	DATE AMENDED
Rev. 4/59	
1 0128	
2 0161	
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4 0	
5 1	
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7 0	
8 1	
9 4200	
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12 5-0	
13 1-0	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 4 Days	c. CITY OR TOWN Jackson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 905 W. Main.
3. NAME OF DECEASED (Type or print) CLEMAN LAFET SLINKARD		First Middle Last	4. DATE OF DEATH Month Day Year February 27 1963
5. SEX Male	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 1-16-94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 69
13a. FATHER'S NAME Jack L. Slinkard		13b. MOTHER'S MAIDEN NAME Izettie Procter	11. BIRTHPLACE (City and state or country). Bufordville, Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI		16. SOCIAL SECURITY NO. [REDACTED]	12. CITIZEN OF WHAT COUNTRY U.S.A.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC FAILURE		14. NAME OF HUSBAND OR WIFE Sadie Slinkard	
DUE TO (b) MYOCARDIAL INFARCTION, MULTIPLE OLD		17. INFORMANT VA Hospital Records, Poplar Bluff, Mo.	
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE		Address	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CEREBRAL ARTERIOSCLEROSIS		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	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 VA	
21. I attended the deceased from 2-23-63 to 2-27-63 and last saw him alive on 2-27-63 Death occurred at 05:00AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) DAVID W. MILLER, M.D. Accred. Pathologist	
22b. ADDRESS VA. Hospital, Poplar Bluff, Mo.		22c. DATE SIGNED 2-27-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar 2, 1963	23c. NAME OF CEMETERY OR CREMATORY Russell Heights	23d. LOCATION (City, town, or county) (State) Jackson, Missouri
24. FUNERAL DIRECTOR'S ADDRESS [Signature] Jackson, Mo	25. DATE RECD. BY LOCAL REG. 3/2/1963	26. REGISTRAR'S SIGNATURE [Signature]	

MAR 13 1963

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 J. C. Bond, Student Embalmer No. 672

working under my personal supervision.

Student J. C. Bond, Jr.

Signature of Student Embalmer

Signed Edward Steele

Licensed Embalmer No. 2476

P. O. Address Jackson 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.