# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 17 **66 004904** STATE FILE NUMBER

**FILED** JAN 13 1967

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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| 1 | 0168 | |
| 2 | 0160 | 2 |
| 3 | | |
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| 9 | 420.1 | |
| 10 | | |
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| 12 | 92-2 | |
| 13 | 1-0 | |

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

**1. PLACE OF DEATH**

a. COUNTY: Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: D.O.A.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Osteopathic Hospital — Inside Limits: Yes [X] No [ ]

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. STATE: Mo — b. COUNTY: Cape Gir

c. CITY OR TOWN: Whitewater — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): Main St. — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: Boyd — Middle: Loren — Last: Slinkard

**4. DATE OF DEATH**: Month, Day, Year: Dec. 31 1966

| 5. SEX | 6. COLOR OR RACE | 7. | 8. DATE OF BIRTH | 9. AGE (last birthday) | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HR Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | Married [X] Never Married [ ] Widowed [ ] Divorced [ ] | 10/16/15 | 51 | | |

| 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) | 12. CITIZEN OF WHAT COUNTRY |
|---|---|---|---|
| Carpenter | Construction | Crump Mo | U.S.A. |

| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
|---|---|---|
| Ora Slinkard | Arra McGuire | Hattie Allen Slinkard |

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT — Address: Mrs. Hattie Slinkard Whitewater, MO

**MEDICAL CERTIFICATION**

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary thrombosis, acute, massive — INTERVAL BETWEEN ONSET AND DEATH: acute

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Coronary Thrombosis — 24 hrs.

DUE TO (c):

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. [ ] Yes [ ] No [ ] Unknown

| 19. WAS AUTOPSY PERFORMED? | 20a. ACCIDENT | SUICIDE | HOMICIDE | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
|---|---|---|---|---|
| YES [ ] NO [ ] | [ ] | [ ] | [ ] | |

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1963, to 12/31/66 and last saw him alive on 1963

Death occurred at 8:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

| 22a. SIGNATURE (Degree or title) | 22b. ADDRESS | 22c. DATE SIGNED |
|---|---|---|
| W. H. Hehmeyer D.O. | Chaffee, Missouri | 1/6/67 |

| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 1/12/1967 | Russell Heights | Jackson, Mo. |

| 24. FUNERAL DIRECTOR — ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
|---|---|---|
| Cracraft - Miller Jackson, Mo | 1-9-1967 | June Kasten |

(Licensed Embalmer's Statement on Reverse Side)

**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 Gene C. Cracraft

Licensed Embalmer No. 4327

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.

JUN 13 1967