

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11231

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>339</u>		PRIMARY REG. DIST. NO. <u>6149</u>		Registrar's No. <u>9</u>				
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>						
b. CITY OR TOWN <u>Puxico Rural</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY OR TOWN <u>Rural - Duckcreek</u>		<u>103</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Duck Creek Twp</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>						
3. NAME OF DECEASED (Type or Print) <u>LOYD</u>			a. (First)		b. (Middle)		c. (Last) <u>SLAVENS</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Dec. 11, 1881</u>		9. AGE (In years last birthday) <u>67</u> , <u>2</u> <u>24</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mill Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Milling</u>		11. BIRTHPLACE (State or foreign country) <u>Terre Haute, INDO.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>George M. Slavens</u>			13b. MOTHER'S MAIDEN NAME <u>Sophrona Wyeth</u>			14. NAME OF HUSBAND OR WIFE <u>No Wife</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Chase Slavens - Puxico R.R.</u>				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CANCER of FACE</u>				ANTECEDENT CAUSES				<u>2 yrs</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
				DUE TO (b) _____						
				DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from _____, 19____, to <u>MAR 5, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:32 A.M.</u> from the causes and on the date stated above.										
23a. SIGNATURE <u>J.H. Skilling</u> (Degree or title) <u>Dr.</u>				23b. ADDRESS <u>Puxico Mo.</u>				23c. DATE SIGNED <u>3-8-49</u>		
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar. 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Mo.</u>				
DATE REC'D BY LOCAL REG. <u>3-8-49</u>		REGISTRAR'S SIGNATURE <u>Floyd Morgan</u> <u>358</u>			25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS _____			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 449-478

Date Filed 4-12-49

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

Student Embalmer

Signed

Ira E. Meadows

Licensed Embalmer No.

4637

P. O. Address

Pupis, 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 this body is not embalmed, fact should be so stated above.