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

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41608

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Canton Canton
c. LENGTH OF STAY (In this place): 4 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Canton
d. STREET ADDRESS (If rural, give location): 4th and Jameson St.

3. NAME OF DECEASED (Type or Print)
a. (First): Jacqueline
b. (Middle): Louise
c. (Last): Sloan

4. DATE OF DEATH (Month) (Day) (Year): Dec.27,1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Febr.15,1949
9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months: 10 Days: 12
IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Peoria, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Richard Sloan
13b. MOTHER'S MAIDEN NAME: Shirley Ann Lucas
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME. ADDRESS: Richard Sloan, Canton, Missouri

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation and burn.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Body charred by fire.
DUE TO (c) Home burning.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 4160 16

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Canton Lewis Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec.27,1949 3P
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Home burned. 5.6

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Earl H. Buckley (Coroner)
23b. ADDRESS: Canton Missouri
23c. DATE SIGNED: 12/28/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec.28,1949
24c. NAME OF CEMETERY OR CREMATORY: Forest Grove
24d. LOCATION (City, town, or county) (State): Canton - Lewis Mo.

DATE REC'D BY LOCAL REG.: 12-29-49
REGISTRAR'S SIGNATURE: P. H. Jennings, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS: Earl H. Buckley Canton Mo.
(Licensed Embalmer) Statement on Reverse Side)

RECEIVED JAN 9 1950
District Health Officer No.
District File Number 1-50-6
Date Filed JAN 9 1950

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 anyone

..... Student Embalmer No. .....

working under my personal supervision.

Signed Earl H Barkley

Signed .....
Student Embalmer

Licensed Embalmer No. 2615

P. O. Address Canton, 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.