5. No. 300
v. 10.48

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

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9924

State File No.

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): De Witt Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Maries
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dixon R 3, Missouri
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle):
c. (Last): Sloane

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 18, 1870
9. AGE (In years last birthday): 79 — If under 1 year: Months 2, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iberia, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: George Long
13b. MOTHER'S MAIDEN NAME: Mary Pennington
14. NAME OF HUSBAND OR WIFE: Thomas B. Sloane

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.: No
17. INFORMANT'S SIGNATURE OR NAME: Maggie Branson, ADDRESS: Dixon R3, 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) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured gall bladder — 3 days
DUE TO (c) Carcinoma liver — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
150A

19a. DATE OF OPERATION: 3-6-50
19b. MAJOR FINDINGS OF OPERATION: Ruptured Gall Bladder Carcinoma liver
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-5, 1950, *to* 3-8, 1950, *that I last saw the deceased alive on* 3-8, 1950, *and that death occurred at* 1:03 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Eugene J. Gushon (Degree or title): DO
23b. ADDRESS: Waynesville Mo
23c. DATE SIGNED: 3-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/10/50
24c. NAME OF CEMETERY OR CREMATORY: Iberia, Cemetery
24d. LOCATION (City, town, or county) (State): Iberia, Missouri

DATE REC'D BY LOCAL REG.: 3-17-50
REGISTRAR'S SIGNATURE: Thelma C. Buckthorp
25. FUNERAL DIRECTOR'S SIGNATURE: Walter P. Hedges
ADDRESS: Iberia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3/17/50
Pulaski County Health Officer
File Number 22
Date Filed 3/17/50

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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Ozark 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.