

No. 300  
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FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13153  
Registrar's No. 137

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Diamond 0490	
c. LENGTH OF STAY (In this place) 26 yrs		d. STREET ADDRESS (If rural, give location) Rural Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Johns Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Everett	b. (Middle) Frank	c. (Last) Slavens	4. DATE OF DEATH (Month) (Day) (Year) May 5 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 12, 1921	9. AGE (In years last birthday) 29	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours	12. CITIZEN OF WHAT COUNTRY? USA
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) operated dairy	10b. KIND OF BUSINESS OR INDUSTRY dairy	11. BIRTHPLACE (State or foreign country) Geary, Okla.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME J. P. Slavens	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Marjorie Slavens
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Marjorie Slavens	ADDRESS RR 1 Diamond
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GUNSHOT WOUND		LESS THAN 1 hr.
	ANTECEDENT CAUSES: Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____		E 9 19 5
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		CORONERS INQUEST + JURY	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY: (e.g., in or about home, farm, factory, street, office bldg., etc.) 13th & 7th Ave Joplin Mo	21c. (CITY, TOWN, OR TOWNSHIP) JOPLIN (COUNTY) JASPER (STATE) MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MAY 5, 1950 8P.m.	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? SCUFFLE WITH POLICE OFFICERS.
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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 8:45P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. D. Douglas M.D. (Deputy Coroner)	23b. ADDRESS Price Bldg. Joplin Mo.	23c. DATE SIGNED 5/8/50
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24a. BURIAL (City, town, or county) Joplin Mo.	24b. DATE 5-9-1950	24c. NAME OF CEMETERY OR CREMATORY Sarcoux Cemetery	24d. LOCATION (City, town, or county) (State) Sarcoux, Mo.
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DATE REC'D BY LOCAL REG. 5-11-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary Joplin Mo.
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RECEIVED 5-15-50  
Jasper County Health Office

County File Number 50-4-397

Date Filed 5-15-50

MAY 27 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.