

FILED JUL 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 22999
Registrar's No. 63

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5183

1. PLACE OF DEATH a. COUNTY: <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cape Gir</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Byrd</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Byrd</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>7 1/2 miles west Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOTZO</u> b. (Middle) <u>L</u> c. (Last) <u>Slinkard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1950</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>Aug 19, 1892</u>		9. AGE (in years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13b. MOTHER'S MAIDEN NAME <u>Izetta Proctor</u>	

13a. FATHER'S NAME <u>J.L. Slinkard</u>		14. NAME OF HUSBAND OR WIFE	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clemen Slinkard Jackson Mo</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Attack</u>		ANTECEDENT CAUSES		DUE TO (b) <u>Unknown cause to me</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 (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		4343	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Heart Attack</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home 4500 S Jackson Byrd Cape Mo</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Byrd Cape Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 50</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Heart Attack</u>	

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) <u>D.P. Cricken</u>		23b. ADDRESS <u>Carover 42 S Pacific St Cape Gir</u>		23c. DATE SIGNED <u>July 13 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>July 15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slinkard Cem</u>	
24d. LOCATION (City, town, or county) <u>near Jackson Mo</u>					

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>July 17-50</u>		REGISTRAR'S SIGNATURE <u>A. S. Seibert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S.H. Loraer Cape Girardeau Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0160

RECEIVED JUL 25 1950
District Health Office No. 6,
District File Number _____
Date Filed _____

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 _____

Not embalmed

working under my personal supervision.

Student Embalmer No.

Signed *Jessie Steele*

Signed.....

Student Embalmer

Licensed Embalmer No. *2476*

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