

FILED OCT 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34518

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 331

1. PLACE OF DEATH
a. COUNTY **St. Francois**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Farmington** c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **St. Francois**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Farmington** d. STREET ADDRESS (If rural, give location) **0941**

3. NAME OF DECEASED
a. (First) **Walter S. Sloan** b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)
October 9 1950

5. SEX **male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **June 7 1869**

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. **81 4 2**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **retired**

10b. KIND OF BUSINESS OR INDUSTRY **Inn Keeper**

11. BIRTHPLACE (State or foreign country) **Caledonia, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S. A**

13a. FATHER'S NAME **Fergus Sloan**

13b. MOTHER'S MAIDEN NAME **Elizabeth Thomas**

14. NAME OF HUSBAND OR WIFE **Olive Martin Sloan**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Olive Sloan Farmington, Mo.**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage**

ANTECEDENT CAUSES
Morbid 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.

INTERVAL BETWEEN ONSET AND DEATH **20 months**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

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 **10-9**, 19**50**, to **10-9**, 19**50** that I last saw the deceased alive on **10-9**, 19**50**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **James J. Stout M.D.**

23b. ADDRESS **Farmington, Mo.**

23c. DATE SIGNED **10-11-50**

24a. BURIAL, CREMA TION, REMOVAL (Specify) **burial**

24b. DATE **Oct. 12, 1950**

24c. NAME OF CEMETERY OR CREMATORY **Park View Cemetery**

24d. LOCATION (City, town, or county) (State) **Farmington, Mo.**

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE **Esther Rudloff**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **C. H. Cozean Farmington, Mo.**

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

941

File No.

DISTRICT HEALTH OFFICE No. 4

OCT 16 1950

RECEIVED

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

working under my personal supervision.

Student Embalmer No.

Signed

A. Cozcan

Signed.....
Student Embalmer

Licensed Embalmer No. 4094

P. O. Address *Farmington,*

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.