No. 300
10-48

FILED SEP 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26349

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5186 Registrar's No. 314

1. PLACE OF DEATH
a. COUNTY Cape Girardeau 0160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Randol
c. LENGTH OF STAY (In this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 10 north East Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Millersville 0160
d. STREET ADDRESS (If rural, give location) Streets unnumbered 0

3. NAME OF DECEASED (Type or Print)
a. (First) JAMES b. (Middle) HENRY c. (Last) SLINKARD

4. DATE OF DEATH (Month) (Day) (Year) Sept 4, 1951

5. SEX MO
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH MAY 28th 1931
9. AGE (In years last birthday) 20. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Factory
10b. KIND OF BUSINESS OR INDUSTRY Timber Worker
11. BIRTHPLACE (State or foreign country) BURFORDSVILLE, MO
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME H. E. SLINKARD
13b. MOTHER'S MAIDEN NAME ORA L RHODES
14. NAME OF HUSBAND OR WIFE SHIRLEY HARTLE SLINKARD
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 A E Slinkard ADDRESS Burfordville Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) accidental death by tractor.

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 E9128

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION 115 3
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.) Near Tona School
21c. (CITY, TOWN, OR TOWNSHIP) Cape Girardeau (COUNTY) Cape (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 4, 1951 3:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? By accident

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 E. R. Crickey (Degree or title) Coroner
23b. ADDRESS 4 S. Pacific St Cape Mo
23c. DATE SIGNED Sept 5-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 6, 1951
24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) Cape Girardeau (State) Mo.

DATE REC'D BY LOCAL REG. 9-5-51
REGISTRAR'S SIGNATURE E. C. Summers 44
25. FUNERAL DIRECTOR'S SIGNATURE O. Miller ADDRESS Jackson Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 10 1951
DISTRICT HEALTH OFFICE No. 6
File No.....

AUG 14 1956

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 Leon C Cancraft
Licensed Embalmer No. 4327
P. O. Address Jackson, Me

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.