

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 27902

FILED AUG 20 1951

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 290   |  | PRIMARY REG. DIST. NO. 4430   |  | Registrar's No. 124  |  |
| 1. PLACE OF DEATH<br>a. COUNTY Pulaski 0850  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Arkansas b. COUNTY Fulton |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) Crocker, Mo.  |  | c. LENGTH OF STAY (In this place) 1 yr.  |  | c. CITY (If outside corporate limits, write RURAL and give township) Saddle 8030  |  | d. STREET ADDRESS (If rural, give location) 8                                    |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Eula b. (Middle) Mae c. (Last) Sloan  |  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>Aug. 12 1951   |  |  |  |
| 5. SEX Female  |  | 6. COLOR OR RACE White   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  |  | 8. DATE OF BIRTH Aug. 5, 1925  |  |
| 9. AGE (In years last birthday) 26   |  | # UNDER 1 YEAR Months 0  |  | # UNDER 1 YEAR Days 7   |  | # UNDER 1 YEAR 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) Arkansas  |  | 12. CITIZEN OF WHAT COUNTRY? USA   |  |
| 13a. FATHER'S NAME George A. Hightower   |  | 13b. MOTHER'S MAIDEN NAME Emmer Lunn   |  | 14. NAME OF HUSBAND OR WIFE Floyd 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 Floyd Sloan   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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   |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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) 4201  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?  |  |  |  |
| 22. I hereby certify that I attended the deceased from Aug. 12, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4 A. m., from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title) Billie Jean Hedges, County Clerk  |  |  |  | 23b. ADDRESS Crocker, Missouri  |  | 23c. DATE SIGNED Aug 13/51   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal  |  | 24b. DATE Aug. 22 1951   |  | 24c. NAME OF CEMETERY OR CREMATORY Salem, Arkansas  |  | 24d. LOCATION (City, town, or county) (State)                                    |  |
| DATE REC'D BY LOCAL REG. 8-14-51   |  | REGISTRAR'S SIGNATURE Eula Mae Anderson 458  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedges Funeral Home Crocker, MO  |  |  |  |

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

RECEIVED 8-14-51  
Pulaski County Health Officer  
File Number  
Date Filed 8-8-51

FEB 19 1951

**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. 432

Student *Carence Moss*  
Student Embalmer

Signed *Walter J. Keelges*

Licensed Embalmer No. 4265

P. O. Address *Area, 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.