

FILED OCT 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33855**  
**4313**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>8 Yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>3217 Cleveland</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Malotte Nursing Home</b>				d. STREET ADDRESS (If rural, give location) <b>3217 Cleveland</b>					
3. NAME OF DECEASED (Type or Print) <b>Lydia</b>			a. (First)		b. (Middle) <b>Etta</b>		c. (Last) <b>Sloan</b>		
4. DATE OF DEATH <b>Oct. 7 1951</b>		(Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>May 4 1878</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Brookfield, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>William Givens</b>			13b. MOTHER'S MAIDEN NAME <b>Emily Grey</b>			14. NAME OF HUSBAND OR WIFE <b>Spofford Sloan</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Dave Miller, 4032 Waddel</b> ADDRESS <b>Kansas City, Mo</b>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atherosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</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 <b>2 yr</b> <b>2 yr</b> <b>4500</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 <u>Jan 5</u> , 19 <u>51</u> , to <u>Oct 7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-9-51</u> , and that death occurred at <u>10:30 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Frank Paul Laurentz</b> (Degree or title)				23b. ADDRESS <b>428 S. White Ave</b>		23c. DATE SIGNED <b>10-8-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct. 9 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Garden City</b>		24d. LOCATION (City, town, or county) (State) <b>Garden City, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>10-9-51</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs C.L. Forster</b> ADDRESS <b>Kansas City, Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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

*John Clerk*

Licensed Embalmer No. 4216

P. O. Address. K. C. 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.