

FILED OCT 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34653

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Pulaski	
b. CITY OR TOWN Waynesville		c. CITY OR TOWN Dixon	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION DeWitt Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Ray	c. (Last) Slone	4. DATE OF DEATH (Month) 10 (Day) 4 (Year) 1951
-------------------------------------	--------------------	-----------------	-----------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/21/1884	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 13	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
-------------	------------------------	--	----------------------------	------------------------------------	--------------------------	-------------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer, Ret.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	-----------------------------------	--	-------------------------------------

13a. FATHER'S NAME Johnnie H. Slone	13b. MOTHER'S MAIDEN NAME Amanda Null	14. NAME OF HUSBAND OR WIFE Artie Slone
-------------------------------------	---------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ray Slone, Dixon, Missouri	ADDRESS
---	---------------------------	---	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) bilateral bronchial pneumonia		
	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.			

19a. DATE OF OPERATION none	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)
--	--	---

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 10-3-51, 19, to 10-4-51, 19, that I last saw the deceased alive on 10-1-51, 19, and that death occurred at 12:55A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Eugene J. Gershon D.O. 2	23b. ADDRESS Waynesville, Mo.	23c. DATE SIGNED 10-12-51
---	-------------------------------	---------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/7/1951	24c. NAME OF CEMETERY OR CREMATORY Dixon	24d. LOCATION (City, town, or county) (State) Dixon, Missouri
---	---------------------	--	---

DATE REC'D BY LOCAL REG. 10-15-51	REGISTRAR'S SIGNATURE	458	25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri	ADDRESS
-----------------------------------	-----------------------	-----	---	---------

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

RECEIVED 10-15-51
Pulaski County Health Officer
File Number
Date Filed 10-21-51

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

Oct. 4 1951

working under my personal supervision.

Student Embalmer No.

Signed

Fred N. Gilbert

Signed.....

Student Embalmer

Licensed Embalmer No.

2341

P. O. Address

FIXON, MISSOURI

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.