

FILED APR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8065

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 334-B

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>25 years</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		d. STREET ADDRESS (If rural, give location) <u>2017 North Lyon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2017 North Lyon</u>		e. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>INEZ</u> b. (Middle) <u>SWEET</u> c. (Last) <u>SLENTZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 3 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 4, 1900</u>
9. AGE (In years last birthday) <u>51</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Fordland, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Fred Slentz</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Slentz, Springfield, Missouri</u> ADDRESS <u>Springfield, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MEDICAL CERTIFICATION</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Melanoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
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 <u>Jan '52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy - Malignant melanoma</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., floor about home, farm, factory, street, office bldg., etc.) _____	
22a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		22c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
22b. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		22d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22e. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>Apr 3, 1952</u> , that I last saw the deceased alive on <u>Apr 3, 1952</u> and that death occurred at <u>10:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Don J. Silaby M.D.</u>		23b. ADDRESS <u>Springfield, Mo</u>	
23c. DATE SIGNED <u>4-5-52</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24a. DATE <u>April 6, 1952</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cemetery</u>	
24c. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer</u> ADDRESS <u>Springfield, Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-8-52</u>		REGISTRAR'S SIGNATURE <u>James R. ...</u>	

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

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Dr. DeLoach

JUN 23 1964

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 _____

James W. Warr

Signed.....
Student Embalmer

Licensed Embalmer No. *4650*

P. O. Address *Springfield, 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.