

S. No. 300
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19321**

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 67

0050

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

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY OR TOWN Cassville		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Hannah	b. (Middle) Mae	c. (Last) Slinkard	4. DATE OF DEATH (Month) (Day) (Year) 5-20-1952
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 6-28-1897	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife & Cook Homemaker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James M. Hendrix	13b. MOTHER'S MAIDEN NAME Viola Deans	14. NAME OF HUSBAND OR WIFE Ernest Slinkard
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME vollmar Slinkard	ADDRESS Cassville, Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 20 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis with coronary sclerosis		
	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	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to **May 20, 1952**, that I last saw the deceased alive on **May 20, 1952**, and that death occurred at **12:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mary Newman, M.D.	23b. ADDRESS Cassville, Mo.	23c. DATE SIGNED 5-27-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-25-1952	24c. NAME OF CEMETERY OR CREMATORY Walnut Hill	24d. LOCATION (City, town, or county) (State) Walnut Hill Arkansas
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DATE REC'D BY LOCAL REG. 6-9-1952	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE Paul D. Henbest	ADDRESS Cassville, Mo
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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

Paul D. Herbert

Licensed Embalmer No. *45-76*

P. O. Address *Cassville, 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.