

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30476

State File No.

S. No. 300
v. 10-487

AUG 18 1952

BIRTH NO. _____ REG. DIST. NO. 9251 PRIMARY REG. DIST. NO. 6099 Registrar's No. 26

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

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY OR TOWN <u>Rural - East Prairie</u>		c. CITY OR TOWN <u>Rural - East Prairie</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. east of Searcy City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BYRON</u> b. (Middle) <u>HENRY</u> c. (Last) <u>SLAUGHTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 11 '52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>1-24-1875</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. IF UNDER 1 YEAR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Oren Slaughter</u>		13b. MOTHER'S MAIDEN NAME <u>KEZIA FOSTER</u>	
14. NAME OF HUSBAND OR WIFE <u>Wda. Babbitt Slaughter</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Madge Slaughter</u>				ADDRESS <u>Queen City, Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cerebral Degeneration</u>		<u>10 years</u>	
		DUE TO (c) <u>Parkinson's Disease</u>		<u>10 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Arteriosclerosis</u>		<u>18 years</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. ALD (PSY) 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) <u>350X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>Aug. 1950</u> , to <u>8/11</u> , 1952, that I last saw the deceased alive on <u>8/19</u> , 1952, and that death occurred at <u>7:30 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Edward M. Roberts</u>		23b. ADDRESS <u>Queen City, Mo.</u>		23c. DATE SIGNED <u>8/12/52</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 13, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Queen City Mo.</u>		DATE REC'D BY LOCAL REG. <u>Aug 13-52</u>		REGISTRAR'S SIGNATURE <u>Miss B. Drake</u>	
FEDERAL DIRECTOR'S SIGNATURE <u>Jack H. Hooper</u>		ADDRESS <u>Queen City Mo.</u>			

AUG 1 1955

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

Jack S. Dealy

Licensed Embalmer No. *4619*

P. O. Address *Queen City, 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.