

FILED JAN 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2605

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4430 Registrar's No. 12

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 (If outside corporate limits, write RURAL and give township) OR TOWN Crocker, Mo	c. LENGTH OF STAY (in this place) 54 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker, Missouri 0851	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED a. (First) Rosetta b. (Middle) None c. (Last) Sloan			4. DATE OF DEATH (Month) JAN (Day) 16 (Year) 53		
--	--	--	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 10, 1889	9. AGE (in years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
---------------	------------------------	--	--------------------------------	------------------------------------	------------------------	----------------------	----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Miller County		12. CITIZEN OF WHAT COUNTRY? USA	
---	--	--	---	--	----------------------------------	--

13a. FATHER'S NAME Talton Cross		13b. MOTHER'S MAIDEN NAME Mary Jonsson		14. NAME OF HUSBAND OR WIFE John Henry Sloan	
---------------------------------	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Henry Sloan Crocker, Mo			
---	------------------------------	--	--	--	--

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia terminal			INTERVAL BETWEEN ONSET AND DEATH 2 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Vascular Renal disease DUE TO (c) Arterial Sclerosis			10 yrs 20 yrs	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no				

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 442X			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)	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 Oct 10, 1952, to Jan 16, 1953, that I last saw the deceased alive on Jan 15, 1953 and that death occurred at 4:45 pm from the causes and on the date stated above.

23a. SIGNATURE P. Mallette M.D.		23b. ADDRESS Crocker, Mo.	23c. DATE SIGNED 1-16-53
---------------------------------	--	---------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 18, 53	24c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery	24d. LOCATION (City, town, or county) (State) Crocker, Mo
--	----------------------	---	---

DATE REC'D BY LOCAL REG. 1-17-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Hedges Funeral Home	ADDRESS Crocker, Mo
----------------------------------	-----------------------------------	--	---------------------

(Licensed Embalmer's Statement on Reverse Side)

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

850
1

Date Filed 1-17-53
File Number _____

Pulaski County Health Officer

RECEIVED
1-17-53

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

Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Henri, 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.