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 FILED JUN 18 1953
 WHILE PENDING—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

20849

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 243

1. PLACE OF DEATH a. COUNTY <u>Butler</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff, Mo.</u> c. LENGTH OF STAY (in this place) <u>5 weeks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u> d. STREET ADDRESS (If rural, give location) <u>211 S. Main</u>	
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3. NAME OF DECEASED (Type or Print) <u>Alvin Wilson Slayton</u> a. (First) <u>Alvin</u> b. (Middle) <u>Wilson</u> c. (Last) <u>Slayton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1953</u>		
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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>August 22, 1888</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u>	11. BIRTHPLACE (State or foreign country) <u>Butler County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Joseph A. Slayton</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Walsh</u>	14. NAME OF HUSBAND OR WIFE <u>Slayton Stella May Hancock</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>_____</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ott Slayton, Poplar Bluff, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>_____</u>
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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? _____
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22. I hereby certify that I attended the deceased from 4-24, 1953, to 5-29, 1953, that I last saw the deceased alive on 5-29, 1953, and that death occurred at 3:15 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Cotrell, M.D.</u>	23b. ADDRESS <u>Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>6-6-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 31, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairdealing</u>	24d. LOCATION (City, town, or county) (State) <u>Fairdealing Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6/2/53</u>	REGISTRAR'S SIGNATURE <u>R. H. Murrell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank-Cotrell, Poplar Bluff, Mo.</u>
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RECEIVED
JUN 15 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

NOV 12 1953

NOV 4 1953

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 *Grover W. Grees*

Licensed Embalmer No. *2964*

P. O. Address *Poplar Bluff*

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.