

STANDARD CERTIFICATE OF DEATH

State File No. **27915**

FILED AUG 25 1953

BIRTH NO. _____ REG. DIST. NO. 466 PRIMARY REG. DIST. NO. 4063 Registrar's No. 31

0130

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

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) Hamilton		c. CITY (If outside corporate limits, write RURAL and give township) Hamilton 0130	
c. LENGTH OF STAY (in this place) 25 yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Lewis		b. (Middle) William	
		c. (Last) Sloan	
4. DATE OF DEATH (Month) (Day) (Year) Aug. 11, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 20, 1891
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automotive Engineer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Hamilton, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harry L. Sloan		13b. MOTHER'S MAIDEN NAME Corda Lewis	
14. NAME OF HUSBAND OR WIFE Frances Sloan			
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. 344-09-7614	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Frances Sloan, Hamilton, Mo		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular-Ventricular Fibrillation 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) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 14 months			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/2x	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 27, 1952 to Aug 11, 1953 , that I last saw the deceased alive on Aug 11, 1953 , and that death occurred at 2:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Herbert R. Birch		23b. ADDRESS Hamilton Mo	
23c. DATE SIGNED 8/14/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 14, 1953	
24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Hamilton Mo.	
DATE REC'D BY LOCAL REG. 8-18-53		REGISTRAR'S SIGNATURE Gladys Jones 37-0	
25. FUNERAL DIRECTOR'S SIGNATURE Bram Funeral Home		ADDRESS Hamilton, Mo.	

SEP 10 1952

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 Harrie A. Brown

Licensed Embalmer No. 3918

P. O. Address Hamlet, N.C.

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.