

STANDARD CERTIFICATE OF DEATH

State File No. 45109
6152

FILED JAN 22 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>2 MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		3498 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>114 1021 EAST LINCOLN BLVD</u>			
3. NAME OF DECEASED a. (First) <u>JOSEPH</u>			b. (Middle) <u>H</u>		c. (Last) <u>SLINGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-29-53</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>APRIL-15-1920</u>		9. AGE (In years last birthday) <u>33</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) <u>CAMBRIA, WIS. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN H. SLINGER</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN HENSKI</u>		14. NAME OF HUSBAND OR WIFE <u>ADELINE SLINGER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.II</u>		16. SOCIAL SECURITY # <u>388-142-1789</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ADELINE SLINGER SLAYTON, MINN</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Causes of Death undetermined</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pending laboratory analysis</u> DUE TO (c) <u>History of carbon tetrachloride</u>				INTERVAL BETWEEN ONSET AND DEATH <u>89360</u> <u>14</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide?</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, Mo.</u>		123	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Carbon tetrachloride</u>			
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>10:55 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>High H. Owens</u> (Degree or title)				23b. ADDRESS <u>1034 Pinalto Bldg</u>		23c. DATE SIGNED <u>12-30-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>12-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SLAYTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SLAYTON MINN.</u>	
DATE REC'D BY LOCAL REG. <u>12-31-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. J. Newcomer 1331 Boyan Creek Blvd. Kansas City Missouri</u>			

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

APR 21 1964

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 Charles C. [Signature]

Licensed Embalmer No. 4934

P. O. Address K. C. 10 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.