

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**2376**

State File No. ....

BIRTH NO. FILED FEB 10 1954 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5987 Registrar's No. 17

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Pulaski</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Pulaski</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)				
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		<b>5. SEX</b>	
a. (First) <u>James</u>			b. (Middle) <u>Marshall</u>		c. (Last) <u>Slone</u>	
			Month <u>1</u>		Day <u>31</u>	
			Year <u>1954</u>			
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>		
<b>8. DATE OF BIRTH</b> <u>11/17/1865</u>		<b>9. AGE</b> (In years less birthday) <u>88</u>		<b>10. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>		
<b>11. BIRTHPLACE</b> (State or foreign country)		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>				
<b>13a. FATHER'S NAME</b> <u>Issac Slone</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Jones</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Susan Slone</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>X</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mr. Vasca Slone, Dixon, Missouri</u>		
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>6 days</u>
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Lobular pneumonia</u>				
		<b>ANTECEDENT CAUSES</b>				
		DUE TO (b) _____				
		DUE TO (c) _____				
		<b>II. OTHER SIGNIFICANT CONDITIONS</b>				
		Conditions contributing to the death but not related to the disease or condition causing death.				
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from</b> <u>Jan 27, 1954</u> , to <u>Jan 31, 1954</u> , that I last saw the deceased alive on <u>Jan 31, 1954</u> , and that death occurred at <u>1:20 P. m.</u> , from the causes and on the date stated above.						
<b>23a. SIGNATURE</b> (Degree or title) <u>Dorothy L. Tate, D.O. 2</u>			<b>23b. ADDRESS</b> <u>Dixon, Mo.</u>		<b>23c. DATE SIGNED</b> <u>2-2-54</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>2/3/1954</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Seaton Cemetery</u>		
				<b>24d. LOCATION</b> (City, town, or county) (State) <u>Marion County, Missouri</u>		
<b>DATE REC'D BY LOCAL REG.</b> <u>2-3-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Fred H. Gilbert, Dixon, Missouri</u>		

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

RECEIVED 8-3-54  
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**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 Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.