

FILED FEB 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2080**

BIRTH NO. _____ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **4414** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give township) PLATTE City, Mo		c. CITY OR TOWN PLATTE City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) 0830	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) STELLA b. (Middle) _____ c. (Last) SLOAN			4. DATE OF DEATH (Month) (Day) (Year) JAN. 24 - 55		
5. SEX F	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 1-13-1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beauty operator		10b. KIND OF BUSINESS OR INDUSTRY retailer	11. BIRTHPLACE (City and State or Foreign Country) PLATTE City, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DAVID ALLEN SLOAN		13b. MOTHER'S MAIDEN NAME JENNIE SIMPSON		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME A. J. Whitters - PLATTE City, Mo. ADDRESS _____	

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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH Four minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease - years		
	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 _____	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) PLATTE City, MO
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 **July 1, 1954**, to **January 24, 1955**, that I last saw the deceased alive on **1-24, 1954**, and that death occurred at **6:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gerard L. Murray, M.D.		23b. ADDRESS Platte City, Mo		23c. DATE SIGNED 1-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-26-55	24c. NAME OF CEMETERY OR CREMATORY PLATTE City CEMETERY	24d. LOCATION (City, town, or county) (State) PLATTE City, Mo.		
DATE REC'D BY LOCAL REG. 1-26-55	REGISTRAR'S SIGNATURE Opelia Ralima	25. FUNERAL DIRECTOR'S SIGNATURE Rollins-Mitchell FUNERAL HOME ADDRESS PLATTE City, Mo.			

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



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.....
Signature of Student Embalmer

Signed *Roland M. Giffey*

Licensed Embalmer No. 47

P. O. Address *Plattville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.