

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **7901**

FILED MAR 28 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5459 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Center Twsp</u>		c. LENGTH OF STAY (in this place) <u>enroute</u>	c. CITY OR TOWN <u>Neosho</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>07/20</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi NW of Springfield</u>			e. STREET ADDRESS (If rural, give location) <u>No street address</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WAYNE</u> b. (Middle) <u>VARDIMUM</u> c. (Last) <u>SLANKARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 20 1955</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>June 26, 1910</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Law Office</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pierce City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George W. Slankard</u>		13b. MOTHER'S MAIDEN NAME <u>Della M Ivie</u>	14. NAME OF HUSBAND OR WIFE <u>Betsy McIntyre Slankard</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Betsy McIntyre Slankard, Neosho, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
<b>MEDICAL CERTIFICATION</b>					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broken right femur, broken mandible, broken right arm, broken</u>					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>left leg</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>5 mi NW Springfield</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Center Twsp Greene Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 20 1955 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Plane crash</u>			
22. I hereby certify that I attended the deceased from <u>Not attended</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred about <u>10:45a.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. Allen Pickens, MD</u> (Degree or title) <u>Coronal 3</u>			23b. ADDRESS <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>3-21-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>March 21, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Neosho, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3-22-55</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeier, Springfield, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 2 9 1953

APR 2 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. 515 working under my personal supervision..

Student Murray Wilson  
Signature of Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 429

P. O. Address Springfield

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.