

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11465**

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY 0352	
b. CITY (If outside corporate limits, write RURAL and give town) Kennett		c. LENGTH OF STAY (in this place) Enroute	c. CITY OR TOWN Kennett
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute Dunklin Memorial		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 1715 Russell St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Minnie	b. (Middle) Elizabeth	c. (Last) Slayton	4. DATE OF DEATH (Month) (Day) (Year) April 14- 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 24- 1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 7 Days 20	IF UNDER 24 HRS. Hours 1 Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Xx		11. BIRTHPLACE (City and State or Foreign Country) Merideth Tenn		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Doyle Taylor	13b. MOTHER'S MAIDEN NAME Virginia Glidwell	14. NAME OF HUSBAND OR WIFE Shelby Slayton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) XX	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Laura Bell Medley	ADDRESS Deering Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dead on arrival		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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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 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 _____ 19____, to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at **7:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph Zimmerman, M.D. (Degree or title)	23b. ADDRESS Kennett Mo.	23c. DATE SIGNED 4-19-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-17-55	24c. NAME OF CEMETERY OR CREMATORY Smith Cemetery	24d. LOCATION (City, town, or county) (State) Caruthersville Mo
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DATE REC'D BY LOCAL REG. 4-20-1955	REGISTRAR'S SIGNATURE Earl Hubbard	25. FUNERAL DIRECTOR'S SIGNATURE Lentz Service	ADDRESS Kennett Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY
DEPARTMENT 4-23
COUNTY FILE NUMBER 45

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 *Edgar Lee Fork*

Licensed Embalmer No. *443*

P. O. Address *Kennett*

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.