

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11680

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4217 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Irish</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>	c. CITY OR TOWN <u>Irish</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen. Deleuer (At Home)</u>			STREET ADDRESS (If rural, give location) <u>Gen. Deleuer</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONARD</u> b. (Middle) <u>J</u> c. (Last) <u>SLAYTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 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 6, 1877</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Henry County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Wm T Slayton</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Rodgers</u>	14. NAME OF HUSBAND OR WIFE <u>Emory J Slayton</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rella Slayton Irish Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF THE PROSTATE</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>DIAB GENERALIZED VISCERAL</u> DUE TO (c) <u>AND SKELEAL METASTASES</u>  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 MOS.</u>
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>177 X</u>				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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <u>AUGUST 34</u> , 19 <u>54</u> , to <u>MAY 11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>MAY 11</u> , 19 <u>55</u> , and that death occurred at <u>8:45 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Gretnoy C. Moody, M.D.</u>			23b. ADDRESS <u>HARRISONVILLE MISSOURI</u>		23c. DATE SIGNED <u>5-12-55</u>
24a. BURIAL OR CREMATION REMOVAL (Specify)	24b. DATE <u>5/13/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carswell</u>		24d. LOCATION (City, town, or county) (State) <u>Henry County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 13 - 55</u>	REGISTRAR'S SIGNATURE <u>Lorance Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L Schabing</u>	ADDRESS <u>Clinton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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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  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.