

FILED JUN 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16223

State File No.

BIRTH NO. REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (In this place) Two Weeks	c. CITY OR TOWN Rolla
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Memorial Hosp.		f. STREET ADDRESS (If rural, give location) 08120	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Albert	b. (Middle) Samuel	c. (Last) Slone	5 24 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/14/1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 3 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Live Stock Dealer-Ret.		10b. KIND OF BUSINESS OR INDUSTRY Live Stock	11. BIRTHPLACE (City and State or Foreign Country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Bart Slone	13b. MOTHER'S MAIDEN NAME Victoria Null	14. NAME OF HUSBAND OR WIFE Rose Slone
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. L. Veasman, Dixon, Missouri	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiomyopathy		3 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Intestinal obstruction following prostatectomy		6 days
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Cardiac insufficiency			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 57057	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 3, 1945** to **May 24, 1955**, that I last saw the deceased alive on **May 24, 1955**, and that death occurred at **12:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE L. Shaw E. Myers M.D.	(Degree or title) 2	23b. ADDRESS Newburg, Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/26/1955	24c. NAME OF CEMETERY OR CREMATORY Dixon Cemetery	24d. LOCATION (City, town, or county) (State) Dixon, Missouri
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DATE REC'D BY LOCAL REG. June 1, 1955	REGISTRAR'S SIGNATURE Nadine L. Steel	25. FURNERAL DIRECTOR'S SIGNATURE Fred W. Elliott	ADDRESS Dixon, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

12
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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 May 24th 1955, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred B. DeLoe.....

Licensed Embalmer No. 23.....

P. O. Address Dixon, Miss.....

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.