

FILED JUL 5 - 1955 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 6079 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ARKANSAS</u> b. COUNTY <u>POINSETT</u>	
b. CITY OR TOWN <u>RURAL STE. GENEVIEVE</u> c. LENGTH OF STAY (in this place) <u>✓</u>		c. CITY OR TOWN <u>TRUMANN</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>FRISCO RR. TRACKS</u>		e. STREET ADDRESS (If rural, give location) <u>614 KENTUCKY ST</u> <u>8058</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HOWARD</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>SLATTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 24 1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JULY 8 1899</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>TRUMANN ARK</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>JOHN B. SLATTON</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH DENDY</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>430-07-6781</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Slatton Trumann Ark.</u>	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, ashenia, 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) <u>Accidental fall</u>		
	ANTECEDENT CAUSES Morbid 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.		<u>E8002 X 35</u>	

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rail Road</u>	21c. (CITY TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>See Genevieve Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JUNE 24 1955 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hit by Texas Freight train</u>
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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 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George H. Stanton</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Sto Genevieve, Mo</u>	23c. DATE SIGNED <u>6/28/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>JUNE 27 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK LAWN</u>	24d. LOCATION (City, town, or county) (State) <u>JONESBORO ARK</u>
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DATE REC'D BY LOCAL REG. <u>JUNE 29 1955</u>	REGISTRAR'S SIGNATURE <u>Emilio Pasler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Emerson &amp; Son Jonesboro Ark.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

950

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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 <sup>No 1</sup> by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... *Leoc. Basler* .....

Licensed Embalmer No. *198*

P. O. Address *St. Genevieve*

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.