

## STANDARD CERTIFICATE OF DEATH

State File No. **25877**

FILED SEP 10 1956

Registrar's No. **210**

BIRTH NO. _____		REG. DIST. NO. <b>1</b>		PRIMARY REG. DIST. NO. <b>3000</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and after death.) a. STATE <b>Missouri</b> b. COUNTY <b>Schuyler</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Keosauqua</b>		c. LENGTH OF STAY (in this place) <b>4 hours</b>		c. CITY OR TOWN <b>Queen City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Green Smith Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>Salt River Township</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Royal</b>		b. (Middle) <b>Faith</b>		c. (Last) <b>Slayton</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>9 5 56</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <b>7-12-1906</b>		9. AGE (In years last birthday) <b>50</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Queen City, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Royal Slayton</b>		13b. MOTHER'S MAIDEN NAME <b>Ada Bolton</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Madge Slaughton, Queen City, Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac failure, acute</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>acute myocarditis</b>				<b>48 hrs.</b>	
		DUE TO (c) <b>acute pulmonary</b>				<b>5 days</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral thrombosis</b>				<b>4-5 hrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>481X</b>				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) (Minute) 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 <b>9-5</b> , 19 <b>56</b> , to <b>9-5</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>9-5</b> , 19 <b>56</b> , and that death occurred at <b>8:20 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R. A. Nelson M.D.</b>				23b. ADDRESS <b>Keosauqua, Mo.</b>		23c. DATE SIGNED <b>9-6-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Sept 7-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Queen City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Queen City Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-6-56</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Dorley Funeral Home</b>		ADDRESS <b>Queen City</b>	

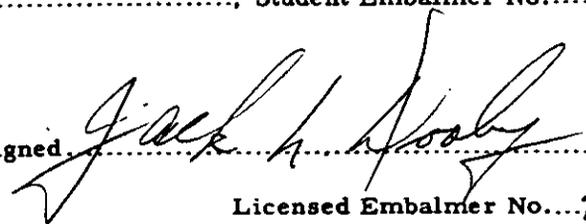
(Licensed Embalmer's Statement on Revise Side)

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

**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 .....

Licensed Embalmer No....46...

P. O. Address...Queens...C  
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.