

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41974

FILED JAN 3 1957

State File No. 126

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 559V		Registrar's No. 126		
1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>				
b. CITY OR TOWN <b>JOACHIM TOWNSHIP</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>FESTUS, MO</b>		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 <b>Festus, R.R. #2</b>				e. STREET ADDRESS (If rural, give location) <b>R. R. #2, JOACHIM TOWNSHIP</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Donald</b> b. (Middle) <b>Omer</b> c. (Last) <b>Sloan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-27-56</b>					
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>5-27-14</b>		
9. AGE (In years last birthday) <b>42</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABOR</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>LONGTOWN, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOHN A. SLOAN</b>			13b. MOTHER'S MAIDEN NAME <b>MARY DOULIN</b>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>World War II</b>		16. SOCIAL SECURITY NO. <b>326-07-1644</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs JOHN A. SLOAN</b> ADDRESS <b>RR #2, FESTUS, MO.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-sclerotic Coronary Heart Disease</b>					INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</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) _____		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 2:15 a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Carl G. Price MD</b>				23b. ADDRESS <b>Hallsboro MO</b>		23c. DATE SIGNED <b>12-27-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12/29/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SACRED HEART</b>		24d. LOCATION (City, town, or county) (State) <b>FESTUS, MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>12-28-56</b>		REGISTRAR'S SIGNATURE <b>John G. Fisher</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James R. Cady</b> ADDRESS <b>CRYSTAL CITY, MO.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

502  
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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 2 1957

RECEIVED  
JAN 2 1957  
HILLSBORO, MISSOURI

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 *James Richard Cady*  
Licensed Embalmer No. *4309*

P. O. Address *Crystal C.*

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.