

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46944

State File No.

FILED DEC 31 1957

BIRTH NO. _____		REG. DIST. NO. <u>935</u>		PRIMARY REG. DIST. NO. <u>4479</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Queen City</u>		c. LENGTH OF STAY (in this place) <u>42</u>		c. CITY OR TOWN <u>Queen City</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				e. STREET ADDRESS (If rural, give location) <u>0980</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> <u>John</u>		b. (Middle) <u>BRUCE</u> <u>Bruce</u>		c. (Last) <u>SLOOP</u> <u>Sloop</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 22 '57</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>Aug 5, 1915</u>	
9. AGE (In years last birthday) <u>42</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Produce</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Queen City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Pearl A Sloop</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Slaughter Ann Sloop</u>		14. NAME OF HUSBAND OR WIFE <u>Ann Sloop</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>499-09-5477</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ann Sloop</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Circulatory Congestion</u> DUE TO (c) <u>Polycythemia Rubra Vera</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Bronchial Asthma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>4 years</u> <u>4 years</u> <u>35 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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 <u>8/23</u> , 19 <u>50</u> , to <u>12/22</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>12/22</u> , 19 <u>57</u> , and that death occurred at <u>10:00 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David M. Roberts, M.D.</u>				23b. ADDRESS <u>Queen City, Mo.</u>		23c. DATE SIGNED <u>12/24/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 24 '57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Queen City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 24-57</u>		REGISTRAR'S SIGNATURE <u>Wm. R. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dorley Final Home</u>		ADDRESS <u>Queen City, Mo.</u>	

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

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JAN 2 1958

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. 461

P. O. Address Queen City

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.