pt. Health,
c., & Welfare
S. Public
lth Service

V. S. 300
ev. 1-57

FILED DEC 24 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

47096
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 205

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN Washington Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 3 — Length of stay in 1b 6 yr. 1 mo. 18 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cedar
c. CITY OR TOWN Stockton — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 12 miles So. of Stockton — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First JOHN Middle EDWARD Last SLEDD

4. DATE OF DEATH Month 12 Day 17 Year 1957

5. SEX M

6. COLOR OR RACE W.

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH March 4, 1881

9. AGE (In years last birthday) 76 — 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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Stockton, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Marion Sledd

13b. MOTHER'S MAIDEN NAME Eliza Bell

14. NAME OF HUSBAND OR WIFE Reba Ethel Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Hospital records — Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

21. I attended the deceased from 4-25-55, to 12-17-57 and last saw her/him alive on 12-17-57
Death occurred at 2 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ellen Pickens (Degree or title) MD

22b. ADDRESS Nevada Mo

22c. DATE SIGNED 12-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12/17/57

23c. NAME OF CEMETERY OR CREMATORY Local

23d. LOCATION (City, town, or county) Stockton (State) Mo.

24. FUNERAL DIRECTOR Carlton Funeral Home. ADDRESS

25. DATE RECD. BY LOCAL REG. 12-20-57

26. REGISTRAR'S SIGNATURE Anna J. Ferry

(Licensed Embalmer's Statement on Reverse Side)

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 Floyd C. McCord

Licensed Embalmer No. 4853

P. O. Address Neosho Mo.

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.