

FILED FEB 13 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1653  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 63

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOPLIN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>JOPLIN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2201 PENN</u>		Length of stay in lb <u>10 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>2201 PENN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ETHEL</u> Middle <u>RAY</u> Last <u>SLOCUM</u>			4. DATE OF DEATH Month <u>FEB</u> Day <u>3</u> Year <u>1958</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 17, 1874</u>
9. AGE (In years and Day) <u>83</u>		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) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME MAKING</u>	11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>GEORGE CREAMER</u>	
13b. MOTHER'S MAIDEN NAME <u>MARTHA JANE HENDRICKS</u>		14. NAME OF HUSBAND OR WIFE (Dec'd) <u>MAURICE SLOCUM</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>510-22-2245</u>	17. INFORMANT <u>ERMINIE GILMORE</u> Address <u>HUMBOLT, WESENICK KANSAS</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4222</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>JOPLIN</u> COUNTY _____ STATE _____	
21. I attended the deceased from <u>Jan. 14, 1954</u> to <u>Feb. 3, 1958</u> and last saw her <sup>alive</sup> <u>Jan. 28, 1958</u> Death occurred at <u>10:15</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Lloyd H. McPike</u> (Name or title)		22b. ADDRESS <u>507 Frisco Bldg. Joplin, Missouri</u>	
22c. DATE SIGNED <u>2-4-58</u>		23a. BURIAL, CREMATION, OR REMOVAL (Specify)	
23b. DATE <u>2-7-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. AUBURN Cem.</u>	
23d. LOCATION (City, town, or county) <u>ST JOSEPH Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>THORNHILL-DILLON</u>		ADDRESS <u>JOPLIN, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>2-7-1958</u>		26. REGISTRAR'S SIGNATURE <u>Noel Merriam</u>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Date Filed FEB 17 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 *William C. Hudalles*

Licensed Embalmer No. *4770*

P. O. Address *JOPLIN, 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.