

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017205

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE Mo. b. COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Queen City ⁰⁹⁸⁰ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR XXXXXX Laughlin		Length of stay in lb 2 Hrs	d. STREET ADDRESS (If outside, give location) Route # 3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Elmer Middle Feree Last Slaughter			4. DATE OF DEATH Month June Day 1 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. XXXXXX NEVER MARRIED <input checked="" type="checkbox"/> XXXXXX XXXXXXXXXX	8. DATE OF BIRTH Jan. 20 1912
9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Physician, DO		10b. KIND OF BUSINESS OR INDUSTRY Hosp Staff	11. BIRTHPLACE (City and state or country) Queen City, Schuyler, Mo.
12. CITIZEN OF WHAT COUNTRY? U S		13. FATHER'S NAME Samuel F Slaughter	
14. MOTHER'S MAIDEN NAME Lela Martin		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) Yes W W # 2	
16. SOCIAL SECURITY NO.		17. INFORMANT Betty D. Slaughter, DO ^{Address} Lexington, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compound fracture of the Temporal, Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Parital, Basilar region of the Skull, (Verified by Post-Mortem X-Rays taken } DUE TO (c) at the Laughlin Hosp. Kirksville, Mo.)			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 Hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9010			19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fell from a ladder while replacing a light bulb on porch, striking his head on brick edging of the sidewalk, fall was app. 8 to 9 feet and sidewalk edging was bricks standing on end diagonally, his head struck a corner of one of these bricks.	
20c. TIME OF INJURY Hour 5:15 Month 6 Day 1 Year 58 ^{Hour} XXXX ^{p. m.}		20d. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.) At Home	
20e. CITY, TOWN, OR LOCATION Queen City, Route 3, Schuyler, Mo.		20f. COUNTY Schuyler STATE Mo.	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 7:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Novel E. Foster (Date of Issue) 3		22b. ADDRESS 402 N. Elson St. Kirksville, Adair, Mo.	
22c. DATE SIGNED 6-2-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-4-1958	
23c. NAME OF CEMETERY OR CREMATORIUM Queen City		23d. LOCATION (City, town, or county) (State) Queen City, Schuyler, Mo.	
24. FUNERAL DIRECTOR Paul Woody		25. DATE RECD. BY LOCAL REG. June 3, 1958	
26. REGISTRAR'S SIGNATURE Doris W. Ratliff			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

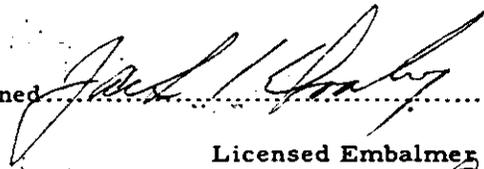
JUL 31 1958

JUN 7 1958

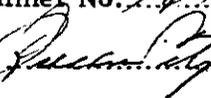
STATEMENT BY LICENSED EMBALMER

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. 460

P. O. Address 

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.