Health, Welfare Public Service

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026135
STATE FILE NUMBER

FILED JUL 21 1958

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lexington — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 238 So. 10th.St — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lafayette
c. CITY OR TOWN: Lexington 0542 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 238 So. 10th.St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Leonel Middle Wayne Last Slaughter
4. DATE OF DEATH: Month June Day 18 Year 1958
5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 18, 1958
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0 Days 0 — IF UNDER 24 HRS.: Hours 0 Min. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Lexington, Mo. C
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Dorothy Slaughter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Dorothy Slaughter Address

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) Prematurity Birth, Wgt. 1 pound — INTERVAL BETWEEN ONSET AND DEATH: 15 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 776 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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

21. I attended the deceased from June 18, 1958 to June 18, 1958 and last saw him alive on June 18, 195
Death occurred at 9:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph Schyuler M.D.
22b. ADDRESS: Lexington, Mo.
22c. DATE SIGNED: 6,20,58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 18, 1958
23c. NAME OF CEMETERY OR CREMATORY: Forest Grove
23d. LOCATION (City, town, or county) (State): Lexington Mo.

24. FUNERAL DIRECTOR: George Green Marshall Mo.
25. DATE RECD. BY LOCAL REG.: 7-7-58
26. REGISTRAR'S SIGNATURE: Maurice E Eastlick

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George H. Green

Licensed Embalmer No. 42

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.