Health, Welfare Public Service

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1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032117
STATE FILE NUMBER

FILED OCT 15 1958 Registration District No. 75 Primary Registration District No. 4138 Registrar's No. 119

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lathrop — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home — Length of stay in 1b

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

3. NAME OF DECEASED (Type or print): First Willie — Middle Mae — Last Slayton
4. DATE OF DEATH: Month Sept. Day 28 Year 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Dec. 1 - 1892
9. AGE (In years last birthday): 66 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Lathrop Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William A. Shrewsbury
14. MOTHER'S MAIDEN NAME: Susan K. Green
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Clyde Slayton — Address: Lathrop Mo

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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension — 10 years
DUE TO (c): Diabetes 260X — 20 years
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 ☐ 0

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 _____, to _____ and last saw her/him alive on _____
Death occurred at 10:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Fred Warren, D.O. Coroner
22b. ADDRESS: Lathrop, Mo.
22c. DATE SIGNED: 10-5-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-30-58
23c. NAME OF CEMETERY OR CREMATORY: Lathrop
23d. LOCATION (City, town, or county) (State): Lathrop - Mo

24. FUNERAL DIRECTOR: DeMoss Crunk — ADDRESS: Cameron - Mo
25. DATE RECD. BY LOCAL REG.: Oct 6-58
26. REGISTRAR'S SIGNATURE: Frances D Crawford

(Licensed Embalmer's Statement on Reverse Side)

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

3/0

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 Harold L. Walk

Licensed Embalmer No. 45

P. O. Address Lexington

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