ot. Health,
., & Welfare
S. Public
lth Service

. S. 300
v. 1–57

0

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58–036103
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1007

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN Springfield — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION Handley Hosp. — Length of stay in Hospital Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1455 N. Lexington — Reside on Farm Yes ☐ No ☒

0396
0

3. NAME OF DECEASED (Type or print) First Middle Last: William Walter Slovens

4. DATE OF DEATH Month Day Year: Oct. 20, 1958

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐
8. DATE OF BIRTH: Nov. 30, 1915
9. AGE (In years last birthday): 42 — 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)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: George Slovens
13b. MOTHER'S MAIDEN NAME: Elma Hurley
14. NAME OF HUSBAND OR WIFE: Peggy Slovens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. 526-07-3976
17. INFORMANT (Bro.) Address Dorrell Slovens Springfield, 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) Carcinoma of the Lung — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 163X
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 ☒

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 10/18/58 to 10/20/58 and last saw ~~her~~ him alive on 10/20
Death occurred at 8:15 p.m. on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) Lyman D. Brown M.D.
22b. ADDRESS 311½ College
22c. DATE SIGNED 10/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-24-1958
23c. NAME OF CEMETERY OR CREMATORY Spg. National Cem.
23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS Rex Rainey Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 10-24-58
26. REGISTRAR'S SIGNATURE Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 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 [signature]

Licensed Embalmer No. 3312

P. O. Address Springfield, 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.