

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008591
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 46 Primary Registration District No. 5151 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <i>Caldwell</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Caldwell</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kidder Twp</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Rural</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>			Length of stay in lb <i>70 yrs.</i>		d. STREET ADDRESS (If outside, give location) <i>4 1/2 mi. SE Cameron</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Forest S</i> Middle <i>Hampton</i> Last <i>Sloan</i>				4. DATE OF DEATH Month <i>3</i> Day <i>18</i> Year <i>59</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>May 13 - 1877</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <i>1</i> Days <i>1</i> Hours <i>1</i> Min. <i>1</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>		11. BIRTH PLACE (City and state or country) <i>Wayne Co. Kentucky</i>		12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>	
13. FATHER'S NAME <i>Gonathon Sloan</i>			14. MOTHER'S MAIDEN NAME <i>Ferguson</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Nat. no. or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>496-42-3236</i>		17. INFORMANT <i>Mrs Ethel Steward Cameron</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Heart Failure.</i>						INTERVAL BETWEEN ONSET AND DEATH <i>782.4</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____	
DUE TO (c) _____						DUE TO (c) _____	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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.) <i>Found dead by neighbor at his farm home.</i>				
20c. TIME OF DEATH Hour <i>death</i> a. m. <i>3/18/1959</i> p. m. <i>3/18/1959</i>			20d. PLACE OF DEATH (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>farm</i>				
20e. PLACED OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <i>Kidder Twp., Caldwell, Mo.</i>		20g. COUNTY STATE <i>Caldwell, Mo.</i>		
21. I, <i>Sloan</i> , attended the deceased from _____ to _____ and last saw <i>him</i> alive on <i>3/22/1959</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Gen. Michael Coroner</i>				22b. ADDRESS <i>Brainer, Mo.</i>		22c. DATE SIGNED <i>3/22/1959</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>3-24-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Minible</i>		23d. LOCATION (City, town, or county) (State) <i>Minible MO</i>		
24. FUNERAL DIRECTOR <i>PLANO FUNERAL HOME</i>			ADDRESS <i>CAMERON</i>		25. DATE RECD. BY LOCAL REG. <i>Mar. 30-59</i>	26. REGISTRAR'S SIGNATURE <i>Gladys Jones</i>	

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon type-write if possible. Doctor, coroner, or embalmer must certify to a death due to natural causes. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. *Laurence J. Thompson*

Licensed Embalmer No. *47*

P. O. Address *Camden, N.J.*

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.