

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021698

STATE FILE NUMBER

FILED JUN 24 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2842

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|--|-------------------------------|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE St. Lukes Hospital | | Length of stay in lb. 43 yrs. | d. STREET ADDRESS (If outside, give location) 1209 W. 59th St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Edward Middle Allen Last Slocum | | | 4. DATE OF DEATH Month 6 - Day 9 - Year 1959 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 4-6-1916 | 9. AGE (In years last birthday) 43 | IF UNDER 1 YEAR Months 4 Days 3 |
| 10a. USUAL OCCUPATION (Give kind of work done if a majority of each year, or even if retired) Owner & Operator | | 10b. KIND OF BUSINESS OR INDUSTRY K.C. Feed Co. | 11. BIRTHPLACE (City and state or country) Kansas City, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME True R. Slocum | | 13b. MOTHER'S MAIDEN NAME Ethel Minor | | 14. NAME OF HUSBAND OR WIFE Helen L. Slocum | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes WWII | | 16. SOCIAL SECURITY NO. 495-10-2748 | 17. INFORMANT Address Mrs. Helen L. Slocum, 1209 W. 59th St. K.C. 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) Coronary occlusion | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 min. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary arteriosclerosis | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years |
| DUE TO (c) _____ | | | | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) H201 |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| 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.) | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 23 Aug 1955 to 9 June 1959 and last saw ^{her} him alive on 31 May 1959 Death occurred at 2:00 p. m of the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Blaine Z. Hibbard MD | | | 22b. ADDRESS 411 Nichols RD KCMO | | 22c. DATE SIGNED 10 June 59 (State) |
| 23a. BURIAL CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 6-12-1959 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 23d. LOCATION (City, town, or county) Kansas City Missouri |
| 24. FUNERAL DIRECTOR Melody-McGilley-Eylar | | ADDRESS 20 W. Linwood | 25. DATE RECD. BY LOCAL REG. 6-10-59 | 26. REGISTRAR'S SIGNATURE Blaine Z. Hibbard | |

MEDICAL CERTIFICATION

Blaine Z. Hibbard USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. J. W.
411 West
VA 1-4350
3304

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. 05038
P. O. Address K. C. 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.