URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-033011
STATE FILE NUMBER

FILED VS OCT 13 1959 C 7

Registration District No. _____ Primary Registration District No. 3440 Registrar's No. 244

AENDED

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe — Length of stay in 1b: 15 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 322 Polk St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Livingston
c. CITY OR TOWN Chillicothe — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 322 Polk St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CLARA Middle AGUSTA Last SLOAN
4. DATE OF DEATH Month October Day 5 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-20-1881
9. AGE (last birthday) 78
IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) Blue Mound, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John C. Mead
13b. MOTHER'S MAIDEN NAME Mary Elizabeth Burner
14. NAME OF HUSBAND OR WIFE John Sloan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT John Sloan Address 322 Polk St. Chillicothe, Missouri

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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — Unknown
DUE TO (c) Hypertensive vascular disease — Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of left arm
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 Sept 1959, to Oct 5, 1959 and last saw her alive on Oct 5, 1959
Death occurred at Nine ; Thirty Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. L. Fair, M.D. (Degree or title)
22b. ADDRESS Chillicothe, Mo
22c. DATE SIGNED 10/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-7-59
23c. NAME OF CEMETERY Blue Mound
23d. LOCATION (City, town, or county) (State) Blue Mound, Missouri

24. FUNERAL DIRECTOR NORMAN FUNERAL HOME ADDRESS Chillicothe, Mo.
25. DATE RECD. BY LOCAL REG. 10/5/59
26. REGISTRAR'S SIGNATURE Francis B Neill

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed Elton Norman

Signature of Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mi

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