

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. FEB 29 1960 53 Primary Registration District No. 3010 Registrar's No. 79-60-005414 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir. | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau | | Length of stay in 1b 10 yrs. | c. CITY OR TOWN Cape Girardeau |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1033 N. Middle | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1033 N. Middle |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Emma May Slinkard | | | 4. DATE OF DEATH Month Day Year February 18, 1960 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-25-1880 | 9. AGE (last birthday) 79 | IF UNDER 1-YEAR IF UNDER 24 HR Months - Days 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) Grump, Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
| 13a. FATHER'S NAME John Ervin | | 13b. MOTHER'S MAIDEN NAME Missouri Young | | 14. NAME OF HUSBAND OR WIFE James I. Slinkard | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO ***** | | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT Address Norman Slinkard Cape Gir., Mo. | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Failure DUE TO (b) Arteriosclerotic heart disease DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 10 yrs ± |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <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 **Dec 1957** to **Feb 1960** and last saw ^(her) **Feb 16, 1960** alive on **Feb 16, 1960**
Death occurred at **10:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) John Brown MD | 22b. ADDRESS Cape Girardeau, Mo. | 22c. DATE SIGNED Feb 20, 1960 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2-21-60 | 23c. NAME OF CEMETERY OR CREMATORY Fairview Church Cemetery |
| 23d. LOCATION (City, town, or county) (State) Millerville, Mo. | | 24. FUNERAL DIRECTOR ADDRESS Ford & Sons Cape Girardeau, Mo. |
| 25. DATE RECD. BY LOCAL REG. 2-23-60 | | 26. REGISTRAR'S SIGNATURE June Kasten |

DOCUMENT
MEDICAL CERTIFICATION
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 _____
Signature of Student Embalmer

Signed W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau

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.