

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-009504**

FILED VS MAR 3 1960 328

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 12 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>218 ELLIOT</u>	Length of stay in 1b <u>4 yrs.</u>	c. CITY OR TOWN <u>CHAFFEE</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CHAFFEE</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>218 ELLIOT AVE.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>ORVILLE RAYMOND SLINKARD</u>			4. DATE OF DEATH Month Day Year <u>FEB 16 - 1960</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-7-1914</u>	9. AGE (last birthday) <u>46</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GRAIN CO.</u>	11. BIRTHPLACE (City and state or country) <u>ZALMA MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>L. M. SLINKARD</u>		13b. MOTHER'S MAIDEN NAME <u>LULA FISH</u>		14. NAME OF HUSBAND OR WIFE <u>EDNA SLINKARD</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>702-09-5008</u>	17. INFORMANT <u>Mr. Edna Slinkard</u> Address <u>CHAFFEE MO</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Bilateral Bronchial Pneumonia</u>	<u>4 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Influenza</u>	<u>10 days</u>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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.)
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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
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21. I attended the deceased from <u>12 Feb 60</u> to <u>16 Feb 60</u> and last saw him alive on <u>16 Feb 60</u> Death occurred at <u>5:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	22b. ADDRESS <u>Chafler, Mo</u>	22c. DATE SIGNED <u>17 Feb 60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-19-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK CEM.</u>	23d. LOCATION (City, town, or county) <u>CHAFFEE MO</u>
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24. FUNERAL DIRECTOR <u>STUBBS FUNERAL HOME</u> ADDRESS <u>CHAFFEE MO</u>	25. DATE RECD. BY LOCAL REG. <u>Feb 23-1960</u>	26. REGISTRAR'S SIGNATURE <u>Medical Burial Leg</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 4

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eugene A. Stubbins

Licensed Embalmer No. 5012

P. O. Address Chaffee, W

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