

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 6 1960 328

-60-018024

STATE FILE NUMBER

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MO b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHAFFEE		Length of stay in 1b 20 yrs.	c. CITY OR TOWN CHAFFEE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 218 ELLIOT AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 218 ELLIOT Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last MARSHALL LEE SLINKARD			4. DATE OF DEATH Month Day Year APRIL 24 - 1960			
5. SEX M	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN. 9. 1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 3 Days 15 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and state or country) BURFORDSWILLE MO		12. CITIZEN OF WHAT COUNTRY MO
13a. FATHER'S NAME JOHN M. SLINKARD		13b. MOTHER'S MAIDEN NAME MARTHA A. HURLSTON		14. NAME OF HUSBAND OR WIFE LULA SLINKARD		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 		16. SOCIAL SECURITY NO. 		17. INFORMANT Address N.C. SLINKARD GYPSY MO		

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) Hypertensive Cardiovascular Disease			
DUE TO (b) Atherosclerosis			
DUE TO (c) 			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dehydration		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	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 **Summer 1957** to **24 Apr 60** and last saw ^{her} him alive on **24 Apr 60**
Death occurred at **1:15** **A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Rt Tibble, MD		22b. ADDRESS Chauffee, Mo		22c. DATE SIGNED 25 Apr 60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-28-60	23c. NAME OF CEMETERY OR CREMATORY UNION PARK GEM.	23d. LOCATION (City, town, or county) CHAFFEE MO	(Sign)
24. FUNERAL DIRECTOR STUBBS' FUNERAL HOME MO		25. DATE RECD. BY LOCAL REG. April 29-1960		26. REGISTRAR'S SIGNATURE Mrs Fred Braginsky

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene A. [Signature]

Licensed Embalmer No. 5012

P. O. Address Chaffee, Mex

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.