URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 15 1960

-60-018756

STATE FILE NUMBER

Registration District No. 70 Primary Registration District No. 3015 Registrar's No. 63

ENDED

1. PLACE OF DEATH
a. COUNTY CLINTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAMERON
Length of stay in 1b Lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Community
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY CLINTON
c. CITY OR TOWN CAMERON Mo
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 820 W 4th St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First GEORGE Middle ROY Last SLOAN
4. DATE OF DEATH Month June Day 3 Year 1960
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-19-1882
9. AGE (last birthday) 77
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) Monument Dealer
10b. KIND OF BUSINESS OR INDUSTRY Retail
11. BIRTHPLACE (City and state or country) Cameron Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Geo. Wm Sloan
13b. MOTHER'S MAIDEN NAME Sarah Craig
14. NAME OF HUSBAND OR WIFE Etta Sloan
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. 486-30-1339
17. INFORMANT Mrs Geo. Roy Sloan Address Cameron Mo

MEDICAL CERTIFICATION

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)	Cerebral thrombosis	5 da.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Myocardial Insufficiency	3 wks
DUE TO (c)	Generalized Arteriosclerosis.	5 yrs

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. ☐ 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 Oct 4 54 to June 3 '60 and last saw her/him alive on June 3 1960
Death occurred at 9:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title) Cameron Missouri
22b. ADDRESS E H Compton MD
22c. DATE SIGNED 6/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-6-60
23c. NAME OF CEMETERY OR CREMATORY Evergreen
23d. LOCATION (City, town, or county) (State) Cameron, Mo.

24. FUNERAL DIRECTOR Poland Funeral Home
ADDRESS Cameron
25. DATE RECD. BY LOCAL REG. June 6 1960
26. REGISTRAR'S SIGNATURE Frances D Crawford

(Licensed Embalmer's Statement on Reverse Side)

JUN 21 '69

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 _____

Licensed Embalmer No. 477

P. O. Address _____

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