

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035531

FILED VS SEP 21 1960 211

Registration District No. _____ Primary Registration District No. 4327 Registrar's No. 29-60

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Miller			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia		Length of stay in 1b 40 years		c. CITY OR TOWN Tuscumbia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FARM			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELMER Middle SLONE Last SLONE			4. DATE OF DEATH Month Sept. Day 13 Year 1960			
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-13-89	9. AGE (last birthday) 71	
				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) Farming general			10b. KIND OF BUSINESS OR INDUSTRY Miller Co., Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John H. Slone		13b. MOTHER'S MAIDEN NAME Malinda Null		14. NAME OF HUSBAND OR WIFE Mary Alice Slone		
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. 498-18-1756		17. INFORMANT Address Mrs. Truman Miller Tuscumbia, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock						INTERVAL BETWEEN ONSET AND DEATH 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Burns, fourth degree to entire body DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) compression injury to chest					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Tractor turned over and burned with person pinned underneath.				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 11:00 A.M.		Month, Day, Year 9-13-60				
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) farm		20f. CITY, TOWN, OR LOCATION Miller Missouri		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at 11:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE L. S. Humphreys, D.O., Coroner				22b. ADDRESS Tuscumbia, Missouri		22c. DATE SIGNED 9-15-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-16-60	23c. NAME OF CEMETERY OR CREMATORY Tuscumbia		23d. LOCATION (City, town, or county) (State) Tuscu mbia, Mo.	
24. FUNERAL DIRECTOR Phillips Funeral Home Eldon			25. DATE RECD. BY LOCAL REG. 9-16-1960		26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach	

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 Louis A. Philippi

Licensed Embalmer No. 366

P. O. Address _____

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.