

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017205

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 129 STATE FILE NUMBER

FILED MAY 29 1961

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in lb <u>minutes</u>	c. CITY OR TOWN <u>Eldorado Springs, Mo</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>Clinton General Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>111 E Marshall</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Tammy June Slichenmyer</u>			4. DATE OF DEATH Month Day Year <u>May 21, 1961</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>10-6-60</u>	9. AGE (last birthday) If UNDER 1 YEAR: Months <u>7</u> Days <u></u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR: Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>Eldorado Springs, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Roy Slichenmyer</u>		13b. MOTHER'S MAIDEN NAME <u>Bee Keele</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Roy Slichenmyer, Eldorado Springs, Mo</u>	Address <u>Eldorado Springs, 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 <u>15-20 min.</u>
IMMEDIATE CAUSE (a) <u>Skull Fracture with Brain</u>		
DUE TO (b) <u>Laceration (probable)</u>		
DUE TO (c) <u>Automobile Accident.</u>		
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

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.) <u>Father holding infant. Same thrown from arms by force of impact of accident. Struck car</u>
20c. TIME OF INJURY Hour <u>1</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year <u>5/21/61</u>		

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.) <u>Highway 13 - Mo.</u>	20f. CITY, TOWN, OR LOCATION <u>2 1/2 mi. North Clinton, Henry, Mo</u>	COUNTY <u>Henry</u>	STATE <u>Mo</u>
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21. I attended the deceased from unattended to _____ and last saw her/him alive on _____
Death occurred at 1315 p on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Richard N. King M.D.</u>	(Degree or title) <u>Henry County Coroner</u>	22b. ADDRESS <u>106 S. 3rd Clinton, Mo.</u>	22c. DATE SIGNED <u>5/25/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 23, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Eldorado Springs</u>	23d. LOCATION (City, town, or county) (State) <u>Eldorado Springs, Mo.</u>

24. FUNERAL DIRECTOR <u>Gwinn Carothers</u>	ADDRESS <u>Eldorado Springs</u>	25. DATE RECD. BY LOCAL REG. <u>May 23, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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

Floyd E. Carothers

Licensed Embalmer No. *4419*

P. O. Address *6000 1/2 Ave. S. Joplin*

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.