

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-020643

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 249

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 19 1961

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cape Girardeau</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>             |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>   |   | c. CITY OR TOWN <u>Cape Girardeau</u>  |  |
| Length of stay in lb <u>40 years</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>SEMO Hospital</u>  |   | d. STREET ADDRESS (If outside, give location) <u>1113 Perry Ave.</u>   |  |
| 3. NAME OF DECEASED (Type or print) First <u>Raymond</u> Middle <u>Lee</u> Last <u>Slinkard</u>   |   | 4. DATE OF DEATH Month <u>June</u> Day <u>2</u> Year <u>1961</u>   |  |
| 5. SEX <u>Male</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>11-8-1901</u>  |
| 9. AGE (last birthday) <u>59</u>  |   | IF UNDER 1 YEAR Months <u>  </u> Days <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>Representative</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Industry</u>   | 11. BIRTHPLACE (City and state or country) <u>Burfordville, Mo.</u>  |
| 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>   |   | 13a. FATHER'S NAME <u>James Leo Slinkard</u>   |  |
| 13b. MOTHER'S MAIDEN NAME <u>Emma May Ervin</u>   |   | 13c. NAME OF HUSBAND OR WIFE <u>Margaret Hood Slinkard</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>  |   | 17. INFORMANT <u>Margaret Slinkard</u> Address <u>Cape Gir., Mo.</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinomatous (Generalized, Sunday to Ca of prostate)</u><br>DUE TO (b) <u>  </u><br>DUE TO (c) <u>  </u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| 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.<br><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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u>  | Month, Day, Year <u>  </u> <u>  </u> <u>  </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.)  | 20f. CITY, TOWN, OR LOCATION  | COUNTY   | STATE  |
| 21. I attended the deceased from <u>4-4-61</u> to <u>6-2-61</u> and last saw him alive on <u>6-1-61</u> .<br>Death occurred at <u>6-2-61-7:22 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |  |
| 22. SIGNATURE (Degree or title) <u>Albert M. Gales M.D.</u>   |   | 22b. ADDRESS <u>714 Broadway Cape Gir., Mo.</u>  | 22c. DATE SIGNED <u>6-5-61</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>6-4-1961</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>   | 23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>   |
| 24. FUNERAL DIRECTOR <u>Ford &amp; Sons</u> ADDRESS <u>Cape Girardeau, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG. <u>6-17-61</u>  | 26. REGISTRAR'S SIGNATURE <u>Irene Kaston</u>  |

JUN 20 1961

**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 W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau

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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.