

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-007524

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

 Registration District No. 290 Primary Registration District No. _____ Registrar's No. 31

AMENDED

FILED MAR 7 1962

| | | | | | | | | |
|--|--|---|--|--|--|--|---|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | | |
| a. COUNTY <u>Pulaski</u> | | | | a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waynesville</u> | | Length of stay in 1b <u>11 hours</u> | | c. CITY OR TOWN <u>Dixon</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>Pulaski County General</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | | 5. SEX | | |
| First <u>Etta</u> Middle <u>Pauline</u> Last <u>Slone</u> | | | Month <u>2</u> Day <u>26</u> Year <u>1962</u> | | | Female | | |
| 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>4/30/1895</u> | | 9. AGE (last birthday) <u>66</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | 11. BIRTHPLACE (City and state or country) <u>Rolla, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | | |
| 13a. FATHER'S NAME <u>Daniel McMaster</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Alice Spurgeon</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Roy Slone</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>Mr. Roy Slone, Dixon, Missouri</u> | | Address | |
| 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) <u>Myocardial Infarction.</u> | | | | | | | <u>18 hrs.</u> | |
| DUE TO (b) <u>Coronary Occlusion.</u> | | | | | | | <u>18 hrs.</u> | |
| DUE TO (c) _____ | | | | | | | _____ | |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>Feb. 25, 1962</u> to <u>Feb. 26, 1962</u> and last saw her <u>alive</u> on <u>Feb. 26, 1962</u> Death occurred at <u>9:55 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Dorley L. Bates</u> | | | | 22b. ADDRESS <u>D. O. Dixon, Missouri</u> | | 22c. DATE SIGNED <u>2/27/62</u> | | |
| 23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>2/28/1962</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Dixon Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Dixon, Missouri</u> | | |
| 24. FUNERAL DIRECTOR <u>Gilbert Funeral Home, Inc., Dixon, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>2-28-62</u> | | 26. REGISTRAR'S SIGNATURE <u>Pauline Anderson</u> | | |

DATE AMENDED

 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 16 1962

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 Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.