

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018228

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 813 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED *Julia Slayton*

VS 300 Rev. 4/59

10129

21030

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

FILED JUN 12 1962	
1. PLACE OF DEATH	
a. COUNTY Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff	a. STATE Missouri b. COUNTY Stoddard
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hospital, Inc.	c. CITY OR TOWN Dudley Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. STREET ADDRESS (If outside, give location) Route 1, Duck Creek Twnshp.	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First Julia Middle Sayton Last Sayton	4. DATE OF DEATH
5. SEX Female 6. COLOR OR RACE White	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 26, 1884 9. AGE (last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Dexter, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Henry Norman	13b. MOTHER'S MAIDEN NAME Mary Seliert
14. NAME OF HUSBAND OR WIFE T. E. Slayton	
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. none
17. INFORMANT T. E. Slayton, R # 1, Dudley, 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) Cerebral Vascular Accident	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive Heart Failure	
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 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 _____ 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 5-4-62 to 5-23-62 and last saw her alive on 5-23-62	
Death occurred at 7:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>T. E. Slayton M.D.</i>	22b. ADDRESS 330 No. 2nd, Street, Poplar Bluff, Mo.
22c. DATE SIGNED 5-29-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 5/25/62
23c. NAME OF CEMETERY OR CREMATORY Dudley Cemetery	23d. LOCATION (City, town, or county) (State) Dudley, Missouri
24. FUNERAL DIRECTOR Watkins & Sons	25. DATE RECD. BY LOCAL REG. 6/9/1962
26. REGISTRAR'S SIGNATURE <i>Thelma Slayton</i>	

USE BLACK INK OR TYPEWRITER RIBBON

VS JUN 18 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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Mo.

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.