S. No. 300
v. 10.48

FILED JAN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5 State File No. 1651

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 2

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0
0

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL ROCK TOWNSHIP
c. LENGTH OF STAY (in this place): 88 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): OWN HOME HOUSE SPRINGS RR.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: JEFFERSON 50
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL — ROCK TOWNSHIP 0
d. STREET ADDRESS (If rural, give location): HOUSE SPRINGS MO RR 0

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): —
c. (Last): SLAVIK

4. DATE OF DEATH (Month) (Day) (Year): JAN. 14 1949

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 4
8. DATE OF BIRTH: 1861
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM
11. BIRTHPLACE (State or foreign country): ROCK CREEK 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FREDERICK SLAVIK
13b. MOTHER'S MAIDEN NAME: ROSE —
14. NAME OF HUSBAND OR WIFE: BARBARA - SLAVIK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: Joseph Slavik — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 0
DUE TO (c) Marked Senility 150

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Valvular heart disease Myocarditis 4

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1947, *to* Jan 11, 1949, *that I last saw the deceased alive on* Jan 11, 1949, *and that death occurred at* 6 30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr Leo W Reber Jr D.O. 2
23b. ADDRESS: Box 91 Fenton Mo
23c. DATE SIGNED: Jan 15. 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN 17 1949
24c. NAME OF CEMETERY OR CREMATORY: ST JOHNS CEMETERY
24d. LOCATION (City, town, or county) (State): ROCK CREEK JEFFERSON — MO

DATE REC'D BY LOCAL REG.: Jan 19 49
REGISTRAR'S SIGNATURE: Phil J. Kirk 145 6
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] Simmer House Springs Mo — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District ... JAN 27 1949
Date Filed

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~~ John H. Brimmer, Student Embalmer No. ~~1470~~, working under my personal supervision.

Signed John H. Brimmer

Licensed Embalmer No. 1470

P. O. Address House Springs Mo

Signed .....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.