

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5393

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BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. 1-1

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa Mo.</u>		c. LENGTH OF STAY (In this place) <u>53 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u>		54
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			d. STREET ADDRESS (If rural, give location) <u>3</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Georgie</u> b. (Middle) <u>May</u> c. (Last) <u>Slusher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 15 1869</u>		9. AGE (In years last birthday) (Specify) <u>79.4.16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Leonard Foulds</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schoding</u>		14. NAME OF HUSBAND OR WIFE <u>R.F. Slusher</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R.E. Slusher Odessa Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>23V</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>approx. 10 yrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Jan 26</u> , 19 <u>49</u> , to <u>Feb 1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 1</u> , 19 <u>49</u> , and that death occurred at <u>2:05 pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>E. F. Slaughter</u>			23b. ADDRESS <u>Odessa Missouri</u>		23c. DATE SIGNED <u>Feb 2 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Higginville</u>		24d. LOCATION (City, town, or county) (State) <u>Higginville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 3 1949</u>	REGISTRAR'S SIGNATURE <u>Letta D...</u>		153	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blivins & ... Odessa Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-18-49.....

MAR 1 1949

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.

Signed Clifton R. Phinney.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2945.....

P. O. Address Olson 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 this body is not embalmed, fact should be so stated above.