No. 300
10.48

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

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7602

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hosp. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): California Mo.
d. STREET ADDRESS (If rural, give location): 500 E. Buchanan

3. NAME OF DECEASED (Type or Print)
a. (First): James M
b. (Middle): Sligar
c. (Last):

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

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): wid
8. DATE OF BIRTH: Mch 14-1862
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 0, Days 4 — 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:
11. BIRTHPLACE (State or foreign country): Ill
12. CITIZEN OF WHAT COUNTRY?: Montana

13a. FATHER'S NAME: Preston Sligar
13b. MOTHER'S MAIDEN NAME: Matilda Johnson
14. NAME OF HUSBAND OR WIFE: deceased

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: Mrs. Alice M. Wells
ADDRESS: California Mo

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) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal or hypostatic Pneumonia

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
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* Mch 10, 1949, *to* Mch 18, 1949, *that I last saw the deceased alive on* Mch 18, 1949, *and that death occurred at* 6:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. S. Tate M.D. for Dr. Caldwell O
23b. ADDRESS: State Hosp. #1 - Fulton
23c. DATE SIGNED: 3-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: 3/20/49
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): California Mo

DATE REC'D BY LOCAL REG.: Mar 19-1949
REGISTRAR'S SIGNATURE: Joseph Mossenkoff
25. FUNERAL DIRECTOR'S SIGNATURE: Williams Funeral Home
ADDRESS: California Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
Director
MAR 28 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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed N. E. Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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