No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12150

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5483 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany twp.
c. LENGTH OF STAY (in this place): 68 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany twp.
d. STREET ADDRESS (If rural, give location): 3 miles South of Bethany

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Sabina
c. (Last): Slaughter

4. DATE OF DEATH (Month) (Day) (Year): 4-10-1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 3-23-1869
9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months 0 Days 17
IF UNDER 24 HRS.: Hours 3 Min. 0m

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Jackson County Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Williams
13b. MOTHER'S MAIDEN NAME: Phoebe Harrison
14. NAME OF HUSBAND OR WIFE: Frank Dee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Bena Slaughter
ADDRESS: Davis Bethany 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) Influenza 7 weeks — 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) Cold, probably Gall stone

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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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* Feb 2, 1949 *to* April 9, 1949, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ernest L. Wood DO
23b. ADDRESS: Bethany Mo.
23c. DATE SIGNED: April 11-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-11-1949
24c. NAME OF CEMETERY OR CREMATORY: Berrus Cemetery
24d. LOCATION (City, town, or county) (State): Bethany Mo.

DATE REC'D BY LOCAL REG.: 4-11-49
REGISTRAR'S SIGNATURE: Zola Burris
25. FUNERAL DIRECTOR'S SIGNATURE: M M Haas
ADDRESS: Bethany Mo

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 M B Haas

Licensed Embalmer No. 3899

P. O. Address Bethany 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.