

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18264**

FILED JUN 9 1949

BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>3071</u>		Registrar's No. <u>39</u>			
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>					
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>Slater</u>		c. LENGTH OF STAY (In this place) <u>46 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>		92			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>223 North Walnut St</u>					
3. NAME OF DECEASED (Type or Print) <u>OLLIE MAY FRIEL</u>			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>May 29-1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 17-1878</u>		9. AGE (In years, last birthday) <u>71-0-12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Phillips Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>J. M. Lambuth</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Irwin</u>			14. NAME OF HUSBAND OR WIFE <u>O. H. Friel Slater</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>O. H. Friel Slater</u>				ADDRESS <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hyperplastic Cardio-vascular Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>10 yrs</u> <u>442x</u>	
19a. DATE OF OPERATION <u>5-29-49</u>		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>May 24, 1949</u> , 19 <u>38</u> , to <u>May 29, 1949</u> , that I last saw the deceased alive on <u>May 24, 1949</u> , and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>O. H. Friel Slater</u> (Degree or title)				23b. ADDRESS <u>Phillips Mo</u>			23c. DATE SIGNED <u>5-29-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 1-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>		24d. LOCATION (City, town, or county) (State) <u>Bowling Green Mo</u>			
DATE REC'D BY LOCAL REG. <u>6/1/49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metzger</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Jones & Salzer</u>		ADDRESS <u>Slater Mo</u>		

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

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed 6-8-49

JUN 14 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 _____

Richard V. Drummond Student Embalmer No. 1003

working under my personal supervision.

Signed Richard V. Drummond
Student Embalmer

Signed James E. Jones
Licensed Embalmer No. 3143

P. O. Address Slater 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.