

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29765

BIRTH NO. _____ REG. DIST. NO. 28 PRIMARY REG. DIST. NO. 4159 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pattonsburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pattonsburg	
c. LENGTH OF STAY (in this place) 60 yrs		d. STREET ADDRESS (If rural, give location) 31 20	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1			

3. NAME OF DECEASED (Type or Print) a. (First) Earnest b. (Middle) Slater c. (Last) Slater			4. DATE OF DEATH (Month) (Day) (Year) 9 12 1949		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/6/1888	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 9 Days 6	IF UNDER 24 HRS. Hours 6 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) Daviess County		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Douglas Slater		13b. MOTHER'S MAIDEN NAME Anna Scott		14. NAME OF HUSBAND OR WIFE Bertie Hawk			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 489-22-5380		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Larena Rousler Pattonburg			
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion of heart ANTECEDENT CAUSES Mycocardial degeneration 2 yrs Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4-10/1	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from about, 1949, to about, 1949, that I last saw the deceased dead alive on 9-12, 1949, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Floyd E. Nelson (Coroner) D.O.		23b. ADDRESS Pattonsburg Mo.		23c. DATE SIGNED 9-13-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/14/1949		24c. NAME OF CEMETERY OR CREMATORY L.O.C.F.		24d. LOCATION (City, town, or county) (State) Pattonsburg Mo.	
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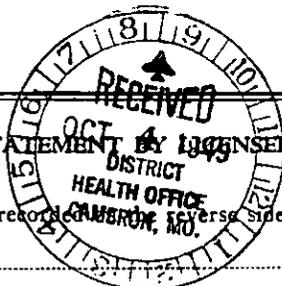
DATE REC'D BY LOCAL REG. 31 Sept. 1949		REGISTRAR'S SIGNATURE Virginia M. Engelhardt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas J. ... Pattonburg Mo.	
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(If Licensed Embalmer's Statement on Reverse Side)

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

 No. 300
10.48

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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 Robert V. Dunham

Signed.....
Student Embalmer

Licensed Embalmer No. 4582

P. O. Address Fallonsburg, 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.