

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

41671

State File No. ....

**FILED JAN 4 1950**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5710 Registrar's No. 1

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>McDonald</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>McDonald</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Center Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Center Twp</u>	
c. LENGTH OF STAY (In this place) <u>4 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>RockyComfort? Mo. R#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>			
a. (First) <u>Joseph</u>	b. (Middle) <u>Marion</u>	c. (Last) <u>Sligar</u>	(Month) <u>12</u>	(Day) <u>25</u>	(Year) <u>1949</u>	
(Type or Print)						

<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>6/10/1907</u>	<b>9. AGE</b> (In years last birthday) <u>42</u>	<b># UNDER 1 YEAR</b> Months <u>6</u>	<b>Days</b> <u>15</u>	<b># UNDER 24 HRS.</b> Hours <u></u>	<b>Min.</b> <u></u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farming</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A</u>
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<b>13a. FATHER'S NAME</b> <u>Jess Sligar</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Jennety McClain</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Stella Sligar</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>496-10-1601</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Stella Sligar</u>	<b>ADDRESS</b> <u>RockyComfort, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>acute Tuberculosis of lung</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** Oct., 1949, to Dec. 12, 1949, that I last saw the deceased alive on Dec. 12, 1949, and that death occurred at 6:15P m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Glenn W. Salyer, M.D.</u>	<b>23b. ADDRESS</b> <u>Cassville Mo.</u>	<b>23c. DATE SIGNED</b> <u>12/26/49</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>12/27/49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Gipson Cemetary</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Neosho, Missouri, Tanton Ca.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Dec. 28 1949</u>	<b>REGISTRAR'S SIGNATURE</b> <u>O. E. Plummer</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Wm Morris Love</u>	<b>ADDRESS</b> <u>Wheeler Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48  
60  
60  
60  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 28 1949  
District Health Office No. 6,  
District File Number 1249-1425  
Date Filed DEC 29 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

James Kenneth Duncan Student Embalmer No. 308  
working under my personal supervision.

Signed James Kenneth Duncan  
Student Embalmer

Signed Wm. Marie Vogue  
Licensed Embalmer No. 3442

P. O. Address Wheaton 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.