

FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3532

BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>2071</u>		Registrar's No. <u>4</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, write RURAL and give township) <u>Slater</u>		c. LENGTH OF STAY (in this place) <u>60 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u>		d. STREET ADDRESS (If rural, give location) <u>515 Rich</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				3. NAME OF DECEASED a. (First) <u>Sarah Helen</u> (Middle) _____ c. (Last) <u>Jagous</u>			
4. DATE OF DEATH <u>January 30 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>April 4 1868</u>		9. AGE (In years last birthday) <u>81-9-26</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Jacksonville</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Don't know</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>	
14. NAME OF HUSBAND OR WIFE <u>Hazel Jagous Slater</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Jagous Slater</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis - failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension, Essential</u> DUE TO (c) <u>Chronic Endocarditis</u> II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Years - 2 1/2</u> <u>Years</u> <u>"</u> <u>443X</u>	
19a. DATE OF OPERATION		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) (Min.)		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>July 1938</u> to <u>Jan. 30, 1950</u> , that I last saw the deceased alive on <u>Jan. 30, 1950</u> , and that death occurred at <u>9:30 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. A. McJannet MD</u>				23b. ADDRESS <u>Slater, Mo.</u>		23c. DATE SIGNED <u>1/30/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-31-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Slater Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 1-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Hartz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hazel Slater</u>		ADDRESS <u>Slater Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

1971  
4

RECEIVED FEB 4

District Health Officer No. 8,

District File Number

Date Filed

2-6-50

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

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No.

Signed

Licensed Embalmer No.

P. O. Address

*James E. Jones*  
*3143*  
*State St*

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.