

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3867**

FILED MAR 2 1950

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 52		
1. PLACE OF DEATH a. COUNTY BOONE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COLUMBIA		c. LENGTH OF STAY (in this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD 0396				
d. FULL NAME OF HOSPITAL OR INSTITUTION ELLIS FISCHER ST. CANCER HOSP				d. STREET ADDRESS (If rural, give location) 1905 WEST SCOTT 1				
3. NAME OF DECEASED (Type or Print) EVA FRANCES SLAVENS			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 2-21-50		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4-20-01		9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Days 10 Hours 1 Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME C.W. MURPHY			13b. MOTHER'S MAIDEN NAME LURINDA GOSS			14. NAME OF HUSBAND HOMER SLAVENS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HOSPITAL RECORDS				
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) Melanocarcinomatosis ANTECEDENT CAUSES 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. NOX					INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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) _____		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 Feb. 20, 1950 , to Feb. 21, 1950 , that I last saw the deceased alive on Feb. 21, 1950 , and that death occurred at 6:25 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Geo. Lallack, M.D.			23b. ADDRESS Ellis Fischer State Cancer Hos			23c. DATE SIGNED 2/21/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-21-50		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Springfield, Mo		
DATE REC'D BY LOCAL REG. Feb. 21 1950		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer 31		25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service, Columbia Mo		ADDRESS _____		

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

District File Number

District Health Officer No. 9

RECEIVED FEB 27 1956

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 Tom M. Harg

Licensed Embalmer No. 2867

P. O. Address Columbia 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.