

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4260

241

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

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u> Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>14 dys</u>	c. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Excelsior Springs</u>		241
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brown's Nursing Home</u>			d. STREET ADDRESS (If rural, give location) <u>418 E. Excelsior St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u>		b. (Middle) <u>RUBY</u>	c. (Last) <u>SLEDD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-25-1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Feb 24 1892</u>	9. AGE (In years last birthday) <u>58</u>	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Armstrong Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jesush Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Linnie Evens</u>		14. NAME OF HUSBAND OR WIFE <u>Paul Sledd (deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mt J.H. Terill - Kansas City 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, ashenia, etc. It means the disease, injury, or complication which caused death.	18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Acute Parenchymatous Nephritis</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>Haematuria</u> DUE TO (c) <u>Arterio-sclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Gastritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>  <u>48 hrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>X none</u>				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>Jan 5</u> , 19 <u>50</u> , to <u>Feb 25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 27</u> , 19 <u>50</u> , and that death occurred at <u>12:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>A. J. Osborny M.D.</u>		23b. ADDRESS <u>Excelsior Springs Mo.</u>		23c. DATE SIGNED <u>2/25/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-27-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Moberly Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2/27/50</u>	REGISTRAR'S SIGNATURE <u>Caroline Duthing</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hope Funeral Home Excelsior Springs Mo</u>			

RECEIVED MAR 7  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 3-7-50

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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 \_\_\_\_\_  
Student Embalmer

Signed James A. Moles

Licensed Embalmer No. 3296

P. O. Address Epelnicor Spgs Md

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.