

FILED MAR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10098**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give township) Esther		c. CITY (If outside corporate limits, write RURAL and give township) Patton	
c. LENGTH OF STAY (in this place) 1 Wk.		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Esther			

3. NAME OF DECEASED a. (First) Anderson b. (Middle) W. c. (Last) Slover			4. DATE OF DEATH (Month) (Day) (Year) March 18, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 27, 1866			9. AGE (In years last birthday) 84		10. MONTH 0 DAY 21 HOURS 1 MIN. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural Mail Carrier			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois
13a. FATHER'S NAME Abraham Slover			13b. MOTHER'S MAIDEN NAME Mary Jane Thatcher		14. NAME OF HUSBAND OR WIFE Minnie C. Slover
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Reverend Leon Slover ADDRESS Leadwood, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH about 12 hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic Heart Disease			DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			LD
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 3-18, 1950, to 3-18, 1950 that I last saw the deceased alive on 3-18, 1950, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul L. Jones D. M.D.		23b. ADDRESS Flat River, Mo.		23c. DATE SIGNED 3-25-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/20/50		24c. NAME OF CEMETERY OR CREMATORY Patton Cemetery	
24d. LOCATION (City, town, or county) Patton, Mo.		24e. (State)			

DATE REC'D BY LOCAL REG. Mar. 21, 1950		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Bert L. Boyer ADDRESS Leadwood, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

2940
1

JUL 19 1950

RECEIVED

MAR 27 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-451

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 _____

William E. Boyer

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *William E. Boyer* _____

Licensed Embalmer No. *4730* _____

P. O. Address *Leadwood, 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.