No. 300
10.48

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12134

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5137 Registrar's No. 197

120 1

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Black River Twp.
c. LENGTH OF STAY (In this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Williamsville Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 6120
d. STREET ADDRESS (If rural, give location): Williamsville Rt. 1 0

3. NAME OF DECEASED (Type or Print)
a. (First): Sam
b. (Middle): M.
c. (Last): Sliger

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 21, 1875

9. AGE (In years last birthday): 74 — If under 1 year: Months 10, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John W. Sliger

13b. MOTHER'S MAIDEN NAME: Sally Hamilton

14. NAME OF HUSBAND OR WIFE: Ruth Sliger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Buelah Sliger, Washington D.C.

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____ 331X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

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): ~~Poplar Bluff Butler Mo~~

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 13, 1950, *to* April 23, 1950, *that I last saw the deceased alive on* April 23, 1950, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Alfred P. Crowe (Degree or title): MD

23b. ADDRESS: Poplar Bluff, Mo.

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/26/50

24c. NAME OF CEMETERY OR CREMATORY: Oran Cemetery

24d. LOCATION (City, town, or county) (State): Oran, Missouri

DATE REC'D BY LOCAL REG.: April 26-1950

REGISTRAR'S SIGNATURE: Wm. H. Johnson 428 0

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Greer Croy & Fl ch Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 8 1950

550-204

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

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 Wallace N Felt

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.