

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1950

20472
State File No. _____
Registrar's No. 2700

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2700	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CARROLL			
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) ONE DAY		c. CITY OR TOWN CARROLLTON 0171			
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL				d. STREET ADDRESS 405 N. ELY 1			
3. NAME OF DECEASED (Type or Print) a. (First) STELLA		b. (Middle) ADELIE		c. (Last) SLATER		4. DATE OF DEATH (Month) (Day) (Year) JUNE 18 1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 20 - 1875	
9. AGE (In years last birthday) 73		10. KIND OF BUSINESS OR INDUSTRY HOMEMAKING		11. BIRTHPLACE (State or foreign country) SALINE - COUNTY - MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME W. H. NORVELL		13b. MOTHER'S MAIDEN NAME ADELIE WHITTEN HOLLOWAY		14. NAME OF HUSBAND OR WIFE J. HARVEY SLATER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. HARVEY SLATER - CARROLLTON - MO			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Acute Coronary Thrombosis? (History) 2 mo. Pneumonia? (History) 2 mo. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 4201	
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) 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 June 17, 1950, to June 18, 1950, that I last saw the deceased alive on June 18, 1950, and that death occurred at 2:50 p.m., (from the causes and on the date stated above).							
23a. SIGNATURE Carter Ferris MD (Degree or title)				23b. ADDRESS 934 Ogden Bldg Kansas City, Mo		23c. DATE SIGNED June 18, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JUNE - 18 - 1950		24c. NAME OF CEMETERY OR CREMATORY OAK HILL		24d. LOCATION (City, town, & county) (State) CARROLLTON - CARROLL - MO	
DATE REC'D BY LOCAL REG. 6-18-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) Kenneth Stoddard Indep. Mo.			

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

OCT 23 1958

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 Embalmer No.

Signed.....

Henry W. Stahl

Signed.....
Student Embalmer

Licensed Embalmer No. *3181*

P. O. Address *Independence, 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.