

No. 300
18-48

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20959

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5780 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. N. Eldon, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi. N. Eldon, Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ira</u>	b. (Middle) <u>Bertram</u>	c. (Last) <u>Slote</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 1950</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/21/79</u>	9. AGE (In years - if under 1 year last birthday) Months Days Hours Min. <u>70</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General farming</u>	11. BIRTHPLACE (State or foreign country) <u>Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Peter M. Slote</u>	13b. MOTHER'S MAIDEN NAME <u>Feraby Rozek</u>	14. NAME OF HUSBAND OR WIFE <u>Rosa S. Slote</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. B. Slote</u> ADDRESS <u>Eldon</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal skull fracture</u>		<u>minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>lesion over left ear</u> DUE TO (c) <u>lesion on right ear</u>		<u>6845</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		# <u>2</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>066</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Eldon Miller Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 12, 1950 10:30 am</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accidental fall from moving wagon</u>
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22. I hereby certify that I attended the deceased from at June 12, 1950, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter P. Hedger, Coroner</u>	23b. ADDRESS <u>Therese Meakin</u>	23c. DATE SIGNED <u>6/12/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 14, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenridge</u>	24d. LOCATION (City, town, or county) (State) <u>Miller Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 14, 50</u>	REGISTRAR'S SIGNATURE <u>Alveretta Walt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Theissen</u> ADDRESS <u>Eldon</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JUN 19 1950

MILLER COUNTY HEALTH
DEPARTMENT

JUN 20 1950

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

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Emmelen

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.