

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 30997

| | | | | | | | | | |
|---|------------------------------|---|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>184</u> | | PRIMARY REG. DIST. NO. <u>3038</u> | | Registrar's No. <u>336</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning</u> | | 0581 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McClarney</u> | | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Roscoe</u> b. (Middle) <u>Conklin</u> c. (Last) <u>Slater</u> | | | 4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>9</u> (Year) <u>1950</u> | | | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>Oct. 31, 1883</u> | | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Wm Slater</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Dick</u> | | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>--</u> | | | 16. SOCIAL SECURITY NO. <u>--</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jm Slater Mendon 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Inflammation</u> DUE TO (c) <u>Chronic lung disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive heart failure.</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 year</u> <u>20 years</u> <u>1 year</u> | |
| 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? <u>4/16X</u> | | | | |
| 22. I hereby certify that I attended the deceased from <u>Oct. 19, 1949</u> , to <u>9/9, 1950</u> ; that I last saw the deceased alive on <u>9/9/50</u> , 1950, and that death occurred at <u>3:20 p.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Ralph W. Robinson MD</u> | | | | 23b. ADDRESS <u>211 Linn Brookfield Mo</u> | | | 23c. DATE SIGNED <u>9/13/50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>0</u> | | 24b. DATE <u>Sept 11, 50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Jenkins</u> | | 24d. LOCATION (City, town, or county) (State) <u>Browning Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>9-16-50</u> | | REGISTRAR'S SIGNATURE <u>H. B. Erwin</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wade Funeral Home Browning,</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 500
10.48

