

FILED SEP 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31437

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 1263	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission). a. STATE Missouri b. COUNTY Reynolds			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) 7 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Reynolds		0900	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) Rural			
3. NAME OF DECEASED (Type or Print) David		a. (First) Leon		c. (Last) Slankard		4. DATE OF DEATH (Month) (Day) (Year) Sept. 6. 1950	
5. SEX Male <input checked="" type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH About 1870	
9. AGE (In years last birthday) about 80		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) Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME David Slankard		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mamie Slankard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Paul Slankard Overland 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholecystitis, cholelithiasis DUE TO (c) acute onset 3 weeks ago. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 8-25-50		19b. MAJOR FINDINGS OF OPERATION Empyema of Gall Bladder with stones				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 8-20, 1950, to 9-6, 1950, that I last saw the deceased alive on 9-6, 1950, and that death occurred at 9:45 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Russell Glider M.D.				(Degree or title)		23b. ADDRESS St. Charles Mo	
23c. DATE SIGNED 9-6-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/8/50		24c. NAME OF CEMETERY OR CREMATORY Reynolds Cem.	
24d. LOCATION (City, town, or county) (State) Renolds, Mo.		DATE REC'D BY LOCAL REG. 9-16-50		REGISTRAR'S SIGNATURE Francis Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock	
ADDRESS 2117 Grand Ave. St. L.							

(Licensed Embalmer's Statement on Reverse Side)

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

923
0

117 S. Main

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 25 1950

RECEIVED

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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

Frank A. Morris

Signed.....
Student Embalmer

Licensed Embalmer No. 3041

P. O. Address 2117 E. Main

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.