

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41831
5359

FILED JAN 5 1952

State File No.
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | |
| c. LENGTH OF STAY (in this place) <u>50 YRS.</u> | | d. STREET ADDRESS (If rural, give location) <u>4905 STATE LINE 3 1/2</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4905 STATE LINE</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>OSCAR</u> | b. (Middle) <u>WILLIAM</u> | c. (Last) <u>SLAYBACK</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC-11-1951</u> |
|-------------------------------------|-------------------------|----------------------------|---------------------------|--|

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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>MAY-13-1879</u> | 9. AGE (In years last birthday) <u>72</u> | If UNDER 1 YEAR Months _____ Days _____ | If UNDER 2 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|-------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SALES AGENCY CHECK WRITER</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>MULBERRY, INDIANA</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>LAFAYETTE SLAYBACK</u> | 13b. MOTHER'S MAIDEN NAME <u>SUSAN ROTHENBERGER</u> | 14. NAME OF HUSBAND OR WIFE <u>OLA F. SLAYBACK</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. OLA F. SLAYBACK</u> | ADDRESS <u>4905 STATE LINE KANSAS CITY, MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central Vascular Accident</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bulbar Palsy</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>3560</u> |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) _____ | 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 Jan, 1950, to Dec, 1951, that I last saw the deceased alive on Jan 10, 1951, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Mark Dodge</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>4635 Wyanette</u> | 23c. DATE SIGNED <u>12/12/51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>Dec. 13, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN</u> | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>12-13-51</u> | REGISTRAR'S SIGNATURE <u>Seraldine Holman</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>O.W. Newcomer Sons</u> ADDRESS <u>331 BRUSH CREEK KANSAS CITY, MO.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Currie

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

Paul Honey

Licensed Embalmer No. *4724*

P. O. Address *Oakland, 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.