

FILED JAN 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42178

State File No. 106

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5662 Registrar's No. 106

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| 1. PLACE OF DEATH a. COUNTY Lewis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewistown | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaGrange | |
| c. LENGTH OF STAY (in this place) 2 MOS | | d. STREET ADDRESS (If rural, give location) 0560 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Praire View Home | | d. STREET ADDRESS (If rural, give location) 0 | |

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|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) - c. (Last) Slater | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1951 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH March 5th 1868 | 9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) LaGrange, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME Franklin Slater | 13b. MOTHER'S MAIDEN NAME Elizabeth Johnson | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Jas. Bradshaw ADDRESS LaGrange, Mo. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 2 mo. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Retention caused by prostatic enlargement DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility | | | 610X |

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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 **Oct. 10, 1951** to **Dec. 16, 1951**, that I last saw the deceased alive on **Dec. 16, 1951**, and that death occurred at **10:30 P.M.** from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Harriet M. Bradshaw D.O. | 23b. ADDRESS La Belle, Missouri | 23c. DATE SIGNED 12/20/51 |
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|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec. 19, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Riverview | 24d. LOCATION (City, town, or county) (State) LaGrange, Missouri |
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| DATE REC'D BY LOCAL REG. 1/2/52 | REGISTRAR'S SIGNATURE P. W. Jennings | 25. FUNERAL DIRECTOR'S SIGNATURE J. Kenneth Butler ADDRESS LaGrange, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

9360
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. Kenneth Bailey

Licensed Embalmer No. 4248

P. O. Address La Grange, Ill.

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.