V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57

State File No. .....

FILED FEB 13 1952

BIRTH NO. ..... REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4012 Registrar's No. 9

0030
1

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

1. PLACE OF DEATH
a. COUNTY: ATCHISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ROCK PORT
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ATCHISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ROCK PORT 0030
d. STREET ADDRESS (If rural, give location): NONE 0

3. NAME OF DECEASED (Type or Print)
a. (First): LEE
b. (Middle): ALVIN
c. (Last): SLEMP

4. DATE OF DEATH (Month) 2 (Day) 1 (Year) 1952

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: 11-3-1904
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months 2, Days 28 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (State or foreign country): ROCK PORT. 0
12. CITIZEN OF WHAT COUNTRY? AM.

13a. FATHER'S NAME: WM. SLEMP
13b. MOTHER'S MAIDEN NAME: DELLA BRINDLE
14. NAME OF HUSBAND OR WIFE: ROSA ROBINSON SLEMP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Mrs Rosa Slemp — ADDRESS: Rock Port.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — 3-4 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-26, 1950, *to* 2-1-, 1952, *that I last saw the deceased alive on* 11-12, 1951, *and that death occurred at* 8:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE: G R Wempe (Degree or title): M.D.
23b. ADDRESS: Tarkio Mo
23c. DATE SIGNED: 2/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 0
24b. DATE: 2-3-1952
24c. NAME OF CEMETERY OR CREMATORY: Hunter Vern
24d. LOCATION (City, town, or county) (State): ROCK PORT. Mo

DATE REC'D BY LOCAL REG.: Feb 5, 1952
REGISTRAR'S SIGNATURE: Marvin H. Schaeler 443-0
25. FUNERAL DIRECTOR'S SIGNATURE: BARTHOLOMEW MORTUARY — ADDRESS: Rock Port

(Licensed Embalmer's Statement on Reverse Side)

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 Grady Barthelemy

Licensed Embalmer No. 3173

P. O. Address Rock Port, 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.