

No. 300
10.48

FILED JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21682**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 267

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Boilinger	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elvins		c. LENGTH OF STAY (In this place) 7 Months	
d. FULL NAME OF HOSPITAL OR INSTITUTION Benham Nursing Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Patton	
		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print)	a. (First) Minnie	b. (Middle) Cathrine	c. (Last) Slover	4. DATE OF DEATH (Month) (Day) (Year) June 27, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 2, 1875	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Days 7	IF UNDER 24 HOURS Min. 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ephrim Barks	13b. MOTHER'S MAIDEN NAME Mary Leonard	14. NAME OF HUSBAND OR WIFE Anderson Slover
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Rev. Leon Slover Leadwood, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5d
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		
	ANTECEDENT CAUSES DUE TO (b) Uremia Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Cardio-vascular		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerotic psychosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442X	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 6-25, 1952, to 6-27, 1952, that I last saw the deceased alive on 6-25, 1952 and that death occurred at 6:30p m., from the causes and on the date stated above.

23a. SIGNATURE W.D. Sailer M.D. (Degree or title)	23b. ADDRESS Desloge, Mo	23c. DATE SIGNED 6-27-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/29/52	24c. NAME OF CEMETERY OR CREMATORY Patton Cemetery	24d. LOCATION (City, town, or county) (State) Patton, Missouri
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DATE REC'D BY LOCAL REG. June 29/1952	REGISTRAR'S SIGNATURE Catherine Prideloff	25. FUNERAL DIRECTOR'S SIGNATURE BOYER FUNERAL HOME	ADDRESS Leadwood, Mo
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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 *William E. Boyer*

Licensed Embalmer No. *4730*

P. O. Address *Leadwood 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.