S. No. 300
v. 10.46

FILED JUN 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23506

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6285 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Wright.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Mtn Grove Twp.
c. LENGTH OF STAY (in this place) Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mtn Grove, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Mtn Grove, Twp. 1140
d. STREET ADDRESS (If rural, give location) Mtn Grove, Mo.

3. NAME OF DECEASED (Type or Print) a. (First) Moses b. (Middle) Franklin c. (Last) Sluder

4. DATE OF DEATH (Month) May (Day) 25, (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Febr 3, 1868
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months 3 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Retired farmer
11. BIRTHPLACE (State or foreign country) Douglas County, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Franklin Sluder
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Mary Elizabeth Strunk

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 Halbert Sluder ADDRESS Mtn Grove 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Haemorrhage (Cerebral) — INTERVAL BETWEEN ONSET AND DEATH 19 May 1952

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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 331X
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* 19 May, 1952, *to* 25 May, 1952, *that I last saw the deceased alive on* 23 May, 1952, *and that death occurred at* 8.25A *m., from the causes and on the date stated above.*

23a. SIGNATURE Kel Cannon (Degree or title) M.D.
23b. ADDRESS Mountain Grove Mo
23c. DATE SIGNED May 31 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 27 52
24c. NAME OF CEMETERY OR CREMATORY Strunk
24d. LOCATION (City, town, or county) (State) Norwood, Mo.

DATE REC'D BY LOCAL REG. 6-5-52
REGISTRAR'S SIGNATURE A. C. Ames 348
25. FUNERAL DIRECTOR'S SIGNATURE Russell Barber ADDRESS Mtn Grove Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 10 1952
WRIGHT CO. HEALTH DEPT.
County File Number 652-71
Date Filed 6-14-52

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 Ru Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, 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.