

0170

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34424**

FILED NOV 12 1952

BIRTH NO. _____		REG. DIST. NO. 387		PRIMARY REG. DIST. NO. 4085		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll			
b. CITY (If outside corporate limits, write RURAL and give township) Hale		c. LENGTH OF STAY (In this place) since 194		c. CITY (If outside corporate limits, write RURAL and give township) Hale		0170	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) FRANK		a. (First) EDWARD		c. (Last) SLATER		4. DATE OF DEATH (Month) (Day) (Year) Oct. 29 1952	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 3 - 1877	
9. AGE (In years last birthday) 75		10. MONTHS 7		11. DAYS 26		9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handcrafter		10b. KIND OF BUSINESS OR INDUSTRY Funeral Home		11. BIRTHPLACE (City and State or Foreign Country) Herscher Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Slater		13b. MOTHER'S MAIDEN NAME Margaret Pottinger		14. NAME OF HUSBAND OR WIFE Florence Moore Slater			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-26-3995		17. INFORMANT'S SIGNATURE OR NAME Florence Slater		18. ADDRESS Hale, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma 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.				INTERVAL BETWEEN ONSET AND DEATH ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 203X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Aug 6, 1952 , to Oct 29, 1952 , that I last saw the deceased alive on Oct 29, 1952 , and that death occurred at 10:50 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. Edwin A. Walsh				23b. ADDRESS Hale, Mo		23c. DATE SIGNED 11-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE November 1 - 1952		24c. NAME OF CEMETERY OR CREMATORY Hale		24d. LOCATION (City, town, or county) (State) north of Hale Mo.	
DATE REC'D BY LOCAL REG. 11-8-52		REGISTRAR'S SIGNATURE Mrs Rex Henderson		25. FUNERAL DIRECTOR'S SIGNATURE L. S. Shepard		ADDRESS Mundon Mo	

(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.

S. L. Leopard

Signed _____

Student
Student Embalmer

Licensed Embalmer No. *3970*

P. O. Address *Mendon Ma*

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.