

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9347

State File No.

to 300
0.48

FILED *Ray*
MAR 30 1953

BIRTH NO. REG. DIST. NO. *116* PRIMARY REG. DIST. NO. *3020* Registrar's No. *8-1*

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give town) Washington		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Richland Twp <i>0370</i>	
c. LENGTH OF STAY (In this place) 7 hrs		d. STREET ADDRESS (If rural, give location) 8 mi. West of Hermann /	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) EDNA	b. (Middle)	c. (Last) SLACK	(Month) March	(Day) 21	(Year) 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 15-1909	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months 3 Days 6 IF UNDER 24 HRS. Hours 6 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) Morrison, Mo ✓	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME George Weber	13b. MOTHER'S MAIDEN NAME Augusta Baecker	14. NAME OF HUSBAND OR WIFE Robert D. Slack
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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 Robert D. Slack, RFD Hermann, Mo	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 18 hrs.
	ANTECEDENT CAUSES Morbidity 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. Acute arthritis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331x	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)
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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?
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22. I hereby certify that I attended the deceased from **Mar. 9, 1953**, to **Mar. 21, 1953**, that I last saw the deceased alive on **Mar. 21, 1953**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>John B. Ryan</i> (Degree or title) M.D.	23b. ADDRESS Hermann Mo	23c. DATE SIGNED 3/24/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-25-53	24c. NAME OF CEMETERY OR CREMATORY Weber Family Cemetery	24d. LOCATION (City, town, or county) (State) RFD Hermann, Mo
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DATE RECD BY LOCAL REG. Mar. 24, 1953	REGISTRAR'S SIGNATURE <i>E.P. Hedman</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wiggo H. Thurnel</i>	ADDRESS Hermann, Mo
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(Licensed Embalmer's Statement of Reverse Side)

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

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 _____

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.