

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9484

State File No.

REC APR 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>362</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>15 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brighton 0840</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Village - 15 mi. South of Ballou</u>			
3. NAME OF DECEASED (Type or Print) <u>Romer</u>			b. (Middle) _____			c. (Last) <u>Slagle</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 18 1879</u>		9. AGE (In years) <u>72</u>		If UNDER 1 YEAR: Months <u>8</u> Days <u>18</u>		If UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Polk Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John D. Slagle</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca M. Pike</u>		14. NAME OF HUSBAND OR WIFE <u>Erma Slagle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>49-7-22-4385</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Erma Slagle</u>		ADDRESS No. <u>Brighton</u>	
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) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>					
		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 <u>4200</u>				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 <u>19 Nov</u> , 19 <u>52</u> to <u>6 April</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6 April</u> , 19 <u>53</u> , and that death occurred at <u>5:35</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Stanley A. Peterson M.D.</u> (Degree or title)				23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>7 April 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 9, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slagle Cemetery</u>		24d. LOCATION (City, town, or county), (State) <u>South of Ballou, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-8-53</u>		REGISTRAR'S SIGNATURE <u>Erma Williamson Reg.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Willard B. Coover</u>		ADDRESS <u>Pleasant Hope</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0396

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Chas Jester

Signed.....
Student Embalmer

Licensed Embalmer No. *4154*

P. O. Address *Bethesda, Md*

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.