

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37962

FILED OCT 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>197</u>			
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (In this place) <u>9</u> days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>XXXXX R. F. D. Gilliam</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Putnam Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Cambridge Township 0970</u>					
3. NAME OF DECEASED a. (First) <u>George</u>			b. (Middle) <u>Lyle</u>		c. (Last) <u>Slater</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15-53</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb. 10-1880</u>		9. AGE (In years last birthday) Months Days <u>73 8 5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired City employee of State</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>State</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dundas, Minn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Geo. L. Slater</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy J. Holland</u>			14. NAME OF HUSBAND OR WIFE <u>Iona Slater</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>495-07-5373</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Iona Slater, Gilliam, Mo.</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>Carcinoma of stomach</u> 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 <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>X</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) <u>151X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>10-6-</u> , <u>1953</u> , to <u>Oct 15</u> , <u>1953</u> , that I last saw the deceased alive on <u>10-14</u> , <u>1953</u> , and that death occurred at <u>1:15</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. C. Brittain M.D.</u> (Degree or title)				23b. ADDRESS <u>Marshall Mo</u>			23c. DATE SIGNED <u>10-19-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/17/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Slater, Mo</u>			
DATE REC'D BY LOCAL REG. <u>10-19-1953</u>		REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u> <u>385-</u>		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>K. Hall Brothers - Slater, Mo.</u>					

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 R. C. Hill.....

Licensed Embalmer No. 3090.....

P. O. Address States, 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.