

No. 300
10-48
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FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11080

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>5000</u>	Registrar's No. <u>99</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u> <u>BENTON Twp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE RR</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 hrs.</u>	c. CITY OR TOWN <u>Kirksville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Town & Country rd side Pk. Hwyay 63 cutoff S-of Kirksville</u>		e. STREET ADDRESS (If rural, give location) <u>206-S-4th. St.</u> <u>0013</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CONNIE</u> b. (Middle) <u>CHRISTINE</u> c. (Last) <u>SLOVER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>July 16, 1948</u>	9. AGE (In years last birthday) <u>5</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child, none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Grand Island, Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Orville E. Slover</u>		13b. MOTHER'S MAIDEN NAME <u>Bonnie Jean Potter</u>	14. NAME OF HUSBAND OR WIFE _____	
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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bonnie Slover, Kirksville, Mo</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Carbon Monoxide Asphyxiation near</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbon Monoxide Asphyxiation near</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES 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. <u>E980X</u>		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) <u>Highway side Park</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Kirksville RR</u> (COUNTY) <u>Adair</u> (STATE) <u>Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 18-54 5:10</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred <u>near</u> at <u>5:10p</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Robert B. Davis</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Kirksville (Adair Co) Mo.</u>	23c. DATE SIGNED <u>4-19-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pratt Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Adair County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-21-54</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u>	ADDRESS <u>Kirksville, Mo.</u>	

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

APR 2 1951

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.....
Signature of Student Embalmer

Signed..... *Robert B. Davis*

Licensed Embalmer No. 4219...

P. O. Address Kirksville,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.