

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18371**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **175**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City, Mo.</b>		c. LENGTH OF STAY (In this place) <b>2 Yrs</b>	c. CITY OR TOWN <b>Jefferson City</b> d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph Home of aged</b>		e. STREET ADDRESS (If rural, give location) <b>St. Joseph Home of Aged</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura</b>		b. (Middle)	c. (Last) <b>Slack</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>June 27, 1954</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 19, 1868</b>	9. AGE (In years last birthday) <b>85</b> IF UNDER 1 YEAR Months <b>9</b> Days <b>8</b> IF UNDER 6 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Sikeston, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Boone</b>	14. NAME OF HUSBAND OR WIFE <b>Cynthia Sikes</b>	<b>Theodore Slack</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Theodore Slack</b> ADDRESS <b>St. Louis, Mo.</b>	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Hypostatic Pneumonia</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bad rubber several yrs</b> DUE TO (c) <b>old femur fracture</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Demility</b>			

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)	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) 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 **Jan 1952 to June 27, 1954**, that I last saw the deceased alive on **June 26, 1954**, and that death occurred at **9 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. Ockerman MD</b>	23b. ADDRESS <b>Jefferson City, Mo.</b>	23c. DATE SIGNED <b>6/28/54</b>
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/2.54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sikeston Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Sikeston, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>June 28-1954</b>	REGISTRAR'S SIGNATURE <b>R. P. Dorris MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sylvester</b> ADDRESS <b>J. C. MO.</b>
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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..... *Sylvester Dull*

Licensed Embalmer No. *432*

P. O. Address *Jefferson*

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.