

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**18708**

State File No. ....

No. 300

10.48

**FILED JUL 14 1954**

BIRTH NO. _____		REG. DIST. NO. <u>139</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (In this place) <u>28 yrs</u>		c. CITY OR TOWN <u>Clinton</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>507 E Lincoln</u>				e. STREET ADDRESS (If rural, give location) <u>507 E Lincoln 0423</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>J</u> c. (Last) <u>SLATTERY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 1954</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>Sept 9 1865</u>	
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>20</u>		IF UNDER 2 HRS. Hours <u>-</u> Min. <u>-</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labourer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ed Slattery</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Macon</u>		14. NAME OF HUSBAND OR WIFE <u>Ernie A Slattery</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernie A Slattery</u>		ADDRESS <u>Clinton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>					<u>Death at once</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Coronary heart disease</u>					<u>2 years</u>
		DUE TO (c) <u>Chronic myocardial disease</u>					<u>2 years</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>None</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u> 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>June 11, 1954</u> , to <u>June 29, 1954</u> , that I last saw the deceased alive on <u>June 11, 1954</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>S. B. Hughes M.D.</u>				23b. ADDRESS <u>Clinton Mo.</u>		23c. DATE SIGNED <u>7/2/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7/2/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 2-54</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Fred Wilkinson</u>		ADDRESS <u>Clinton Mo.</u>	

WRITE PLAINLY—USING UNFADEING 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 .....  
Signature of Student Embalmer

Signed *F. L. Schaberg* .....

Licensed Embalmer No. *451* .....

P. O. Address *Clinton* .....

**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.**