

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36491**

BIRTH NO. _____		REG. DIST. NO. <u>20</u>		PRIMARY REG. DIST. NO. <u>4021</u>		Registrar's No. <u>5</u>				
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian</u>		c. LENGTH OF STAY (in this place) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian</u>		d. STREET ADDRESS (If rural, give location) <u>0070</u> <u>0</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u> b. (Middle) <u>Hebry</u> c. (Last) <u>Slyder</u>			4. DATE OF DEATH <u>Nov. 12, 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>Aug. 18, 1878</u>				
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>2</u>		11. DAYS <u>24</u>		12. HOURS <u></u> MIN. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan Co. Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Deal Slyder</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Holmes</u>			14. NAME OF HUSBAND OR WIFE <u>Winnie Slyder</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Winnie Slyder, Adrian Mo.</u>			ADDRESS		
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</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.						
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)		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>Nov. 10, 1954</u> to <u>Nov. 12, 1954</u> , that I last saw the deceased alive on <u>Nov. 10, 1954</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>C. C. Robinson M.D.</u>				23b. ADDRESS <u>Adrian, Mo.</u>			23c. DATE SIGNED <u>11-15-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>				
DATE REC'D BY LOCAL REG. <u>11-15-54</u>		REGISTRAR'S SIGNATURE <u>Myra Owens 16-0</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Funeral Service, Adrian Mo</u>				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3150

P. O. Address Adrian Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

- If this body is not embalmed, fact should be so stated above.