

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43212**BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY ATKINSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ATKINSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FAIRFAX		c. LENGTH OF STAY (in this place) 3 WKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - TARKIO TWP 0020		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION FAIRFAX COMMUNITY HOSP							
3. NAME OF DECEASED (Type or Print) a. (First) OLLIE b. (Middle) HOPE c. (Last) SLEMONS			4. DATE OF DEATH (Month) (Day) (Year) 12 28 1954				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-10-1909	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 18	IF UNDER 1 MIN. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) ROCK PORT, MO		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME FRANK LANGFELT		13b. MOTHER'S MAIDEN NAME ANNA CAUBLE		14. NAME OF HUSBAND OR WIFE DENNIS SLEMONS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 395-24-7689		17. INFORMANT'S SIGNATURE OR NAME Dennis Slemons		ADDRESS Jackie, Mo	
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.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EMBOLUS				DUPLICATE			10 MIN.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PHLEBO-THROMBOSIS				DUPLICATE			3 DAYS
DUE TO (c) APPENDICEAL ABSCESS				DUPLICATE			1 MO.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUPLICATE			
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) 5501			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 1 , 19 51 , to 12/28 , 19 54 , that I last saw the deceased alive on 12/28 , 19 54 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Samuel L. Coffey M.D.			23b. ADDRESS Sturtevant, MO			23c. DATE SIGNED 1/7/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-30-1954		24c. NAME OF CEMETERY OR CREMATORY GREEN HILL CEM		24d. LOCATION (City, town, or county) (State) ROCK PORT MO	
DATE REC'D BY LOCAL REP. Jan 11, 1955		REGISTRAR'S SIGNATURE Marvin J. Schaefer		443- 25. FUNERAL DIRECTOR'S SIGNATURE BARTHOLOMEW MORTUARY		ADDRESS ROCK PORT.	

(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 Grady Bartholomew
Licensed Embalmer No. 3173

P. O. Address Rock Port, 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.