

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHAFFEE	c. LENGTH OF STAY (In this place) 14 YRS	c. CITY OR TOWN CHAFFEE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 218 ELLIOT		e. STREET ADDRESS (If rural, give location) 218 ELLIOT 100%	

3. NAME OF DECEASED (Type or Print) LULA BELLE	a. (First)	b. (Middle) SLINHAARD	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) MAR. 30 1955
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH APR 18-1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 11	IF UNDER 12 HRS. Days 12	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) 2 ALMA MO	12. CITIZEN OF WHAT COUNTRY? MO
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13a. FATHER'S NAME JAMES FISH	13b. MOTHER'S MAIDEN NAME MARTHA FINLEY	14. NAME OF HUSBAND OR WIFE M. L. SLINHAARD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. M. L. Slinhard - Chaffee Mo
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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) CARDIAC DECOMPENSATION		2 YRS.
	ANTECEDENT CAUSES - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS - MYOCARDIOSIS 10 YRS. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIO-VASCULAR-RENAL DISEASE 10 YRS.			

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NATURAL	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. NONE	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NONE
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22. I hereby certify that I attended the deceased from 12-1-54, 19__, to 3-30, 1955, that I last saw the deceased alive on 3-30, 1955, and that death occurred at 8:55 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. J. Monbach, D.O. 2	23b. ADDRESS chaffee, mo.	23c. DATE SIGNED 3-31-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE 4-3-55	24c. NAME OF CEMETERY OR CREMATORY UNION PARK CEM.	24d. LOCATION (City, town, or county) (State) CHAFFEE MO
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DATE REC'D BY LOCAL REG. 4-1-55	REGISTRAR'S SIGNATURE Mrs. Fred Brogling, L.P.	45	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. M. L. Slinhard - Chaffee Mo
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

DATE RECEIVED APR 4 1955

SCOTT CO. HEALTH DEPT:

OO. FILE No. 455-~~31~~ 79

APR 12 1955

APR 22 1955

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.....
Licensed Embalmer No. 3210
P. O. Address Cape Girardeau

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.