

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 22 1955

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State File No. 20410
Registrar's No. 4949

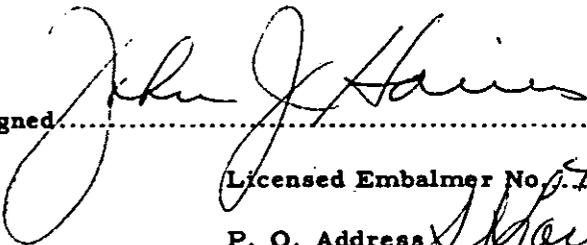
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|---|--|--|--|--|--|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Washington</u> | | | | | |
| b. CITY OR TOWN <u>St. Louis, Mo.</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>Fayetteville</u> | | 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 <u>BARNES HOSPITAL</u> | | | | e. STREET ADDRESS (If rural, give location) <u>536 South Hill Street.</u> 8028 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Malvin</u> | | | b. (Middle) <u>Wilson</u> | | c. (Last) <u>Slusher</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 5, 1955</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>April 11 1912</u> | | | |
| 9. AGE (In years last birthday) <u>43</u> | | IF UNDER 1 YEAR Months _____ | | IF UNDER 1 YEAR Days _____ | | IF UNDER 1 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Agriculture Research U.S. Gov't</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Blacksburg, Virginia</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Adam Slusher</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Rachel Hylton</u> | | 14. NAME OF HUSBAND OR WIFE <u>Loena Slusher</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. <u>Nil</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Loena Slusher, Fayetteville, Arkansas</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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Hemochromotosis and Hypothyroidism</u> II. OTHER SIGNIFICANT CONDITIONS <u>cirrhosis of liver due to hemochromotosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>10 years</u> <u>years</u> <u>years</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>289.2</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>May 25</u> , 19 <u>55</u> , to <u>June 5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 5</u> , 19 <u>55</u> , and that death occurred at <u>4:15 pm.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>John V. Davidson M.D.</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>BARNES HOSPITAL</u> | | 23c. DATE SIGNED <u>6-6-55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>6-6-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) <u>Blacksburg, Virginia</u> | | | |
| DATE REC'D BY LOCAL REG. <u>JUN 6 1955</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe, 4700 Washington Blvd</u> ADDRESS _____ | | | | | |

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.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4115

P. O. Address Houston

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.