

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3472

State File No.

BIRTH NO.		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>3071</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>		d. STREET ADDRESS (If rural, give location) <u>417 Morse</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no</u>				d. STREET ADDRESS (If rural, give location) <u>417 Morse</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cynthia</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Auer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28-1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 23-1864</u>	
9. AGE (In years last birthday) <u>91</u>		10. MONTHS <u>5</u>		11. DAYS <u>5</u>		12. IF UNDER 18 HRS. <u>5</u> Mins. <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Shenandoah Co. Ohio.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Jeremia Sailor</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Blosser</u>		14. NAME OF HUSBAND OR WIFE <u>Will Auer</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>Will Auer, Slater, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive P.V. Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) <u>443x</u>		22. I hereby certify that I attended the deceased from <u>Jan 5</u> , 19 <u>51</u> , to <u>Jan 28</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 28</u> , 19 <u>56</u> , and that death occurred at <u>3 P m.</u> , from the causes and on the date stated above.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
23a. SIGNATURE <u>J. Nelson Anwar</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>214 1/2 N. Main, Slater, Mo.</u>		23c. DATE SIGNED <u>1-28-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 30, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/2/56</u>		REGISTRAR'S SIGNATURE <u>Mo. Earl C. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Brothers</u>		ADDRESS <u>Slater, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

A. C. Hill

Licensed Embalmer No. *3090*

P. O. Address *Stater Ymo*

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.