

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12894

State File No.

BIRTH NO. 129-22-56 REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Gentry Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>St. Joseph Mo.</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u>		c. LENGTH OF STAY (in this place) <u>6 hrs.</u>		c. CITY OR TOWN <u>St. Joseph Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Barnes Osteopathic Clinic</u>				e. STREET ADDRESS (If rural, give location) <u>311 Mass. Ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Gayla</u>		c. (Last) <u>Slagle</u>	
4. DATE OF DEATH		(Month) <u>4</u>		(Day) <u>29</u>		(Year) <u>1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>4.29.1956</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>6</u> Days <u>30</u>		IF UNDER 24 HRS. Hours <u>6</u> Min. <u>30</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>King City Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Roy Galen Slagle</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Imogene Reynolds</u>		14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy G. Slagle</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				19. ADDRESS <u>St. Joe</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>752x</u>			
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) (Min.)		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>4.29.1956</u> , to <u>4.29.1956</u> , that I last saw the deceased alive on <u>4.29.1956</u> , and that death occurred at <u>1:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Jack Barnes D.O.</u>				23b. ADDRESS <u>King City Mo</u>		23c. DATE SIGNED <u>4.30.56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4.30.1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HighRidge</u>		24d. LOCATION (City, town, or county) (State) <u>Stanberry Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-5-56</u>		REGISTRAR'S SIGNATURE <u>Ada E. Youngerton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. B. Taggart</u>		ADDRESS <u>King City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 9 1956

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 *R. G. Taggart*

Licensed Embalmer No. 2563

P. O. Address King City 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.