

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13031**BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 65

| | | | |
|---|--|---|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Harrison | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Bethany) | | c. LENGTH OF STAY (In this place) 9 Yrs | c. CITY OR TOWN Pattonsburg |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Sullivan Rest Home | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS | | (If rural, give location) 0310 | |

| | | | | |
|-------------------------------------|----------------------------|---------------------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Lucy Ann | b. (Middle) Slater | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) April 26, 1956 |
|-------------------------------------|----------------------------|---------------------------|-----------|---|

| | | | | | | | | |
|----------------------|-------------------------------|---|---|---|------------------------|-----------------------|-------|------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH February 23, 1858 | 9. AGE (In years last birthday) 98 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|----------------------|-------------------------------|---|---|---|------------------------|-----------------------|-------|------|

| | | | |
|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Housekeeper | 11. BIRTHPLACE (City and State or Foreign Country) Harrison County, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|--|--|--|--|

| | | |
|---|--|--|
| 13a. FATHER'S NAME James Wilson Bell | 13b. MOTHER'S MAIDEN NAME Sarah Smith | 14. NAME OF HUSBAND OR WIFE John Slater |
|---|--|--|

| | | | |
|--|-------------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Frank Slater, Pattonburg, Mo. | 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion | | 50 min. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis | | 3 yrs |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) |
|--|--|---|

| | | |
|---|--|----------------------------|
| 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? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from 1/22, 1956, to 4/26, 1956, that I last saw the deceased alive on 4/23, 1956, and that death occurred at 9:30A m., from the causes and on the date stated above.

| | | | |
|------------------------------------|------------------------------|---------------------------------|---------------------------------|
| 23a. SIGNATURE Merian Leath | (Degree or title) Dr. | 23b. ADDRESS Bethany Mo. | 23c. DATE SIGNED 4/28/56 |
|------------------------------------|------------------------------|---------------------------------|---------------------------------|

| | | | |
|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4-29-56 | 24c. NAME OF CEMETERY OR CREMATORY Oakridge Cemetery | 24d. LOCATION (City, town, or county) (State) Pattonburg, Mo. |
|---|--------------------------|---|--|

| | | | |
|--|--|---|--------------------------------|
| DATE REC'D BY LOCAL REG. 5-3-56 | REGISTRAR'S SIGNATURE Zola Burris | 25. FUNERAL DIRECTOR'S SIGNATURE Louis Smith | ADDRESS Pattonburg, Mo. |
|--|--|---|--------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

6-

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..... *Laurie Reed*

Licensed Embalmer No. *400*

P. O. Address *Patton*

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.