

Health, Welfare, Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39504

STATE FILE NUMBER

FILED DEC 16 1957

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Southeast Hospital</u>			Length of stay in 1b <u>3 hr</u>	d. STREET ADDRESS <u>none</u>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>John Finley Slusher</u>				First	Middle	Last	4. DATE OF DEATH Month <u>Dec</u> Day <u>5</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec 5 1957</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
						Months <u>—</u>	Days <u>5</u>	Hours <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Cape Girardeau Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Lee Slusher</u>				14. MOTHER'S MAIDEN NAME <u>Anna Davis</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Lee Slusher Cape Girardeau Mo.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)				<u>Prematurity & ATELECTASIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		<u>28 weeks GESTATION</u>					
		DUE TO (c)		<u>& TWINS</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Birth Weight 3-2 oz - 7625</u>									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION			COUNTY			STATE			
21. I attended the deceased from <u>5 Dec</u> to <u>5 Dec</u> and last saw <u>him</u> alive on <u>5 Dec</u> . Death occurred at <u>12:45 Pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Type or title) <u>James A. Kinney M.D.</u>				22b. ADDRESS <u>Cape Girardeau</u>		22c. DATE SIGNED <u>7 Dec 57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-7-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lexington Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lexington Mo.</u>				
24. FUNERAL DIRECTOR'S ADDRESS <u>Brinkopf Howell Funeral Home</u>				25. DATE RECD. BY LOCAL REG. <u>12-13-57</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Winchester Dep.</u>			

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 Not Embalmed, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Neil H. Grosshender

Licensed Embalmer No. 4984

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.