

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017947

STATE FILE NUMBER

FILED JUN 9 1959

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 2536

300
-57 0

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Pennsylvania b. COUNTY Berks	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Reading
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in lb 4 hours	d. STREET ADDRESS (If outside, give location) 1717 Haak St.
3. NAME OF DECEASED (Type or print) First RALPH Middle E. Last SLIDER			4. DATE OF DEATH Month May Day 20 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 5, 1917
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager		10b. KIND OF BUSINESS OR INDUSTRY Display Co. Permanent Sign	11. BIRTHPLACE (City and state or country) Chester Co., Pa.
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Leonard Slider		13b. MOTHER'S MAIDEN NAME Margaret Painter	14. NAME OF HUSBAND OR WIFE Eugenia Griskevich
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 2		16. SOCIAL SECURITY NO. -	17. INFORMANT Address J. J. Butler 14 W. 10th, K. C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ Month, Day, Year a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 Reading, Pennsylvania	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Nephew of Queen Coroner		22b. ADDRESS 1034 Walnut Bldg	22c. DATE SIGNED 5-21-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-21-1959	23c. NAME OF CEMETERY OR CREMATORY —	23d. LOCATION (City, town, or county) (State) Reading, Pennsylvania
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-EYLER Funeral Home		25. DATE RECD. BY LOCAL REG. 5-21-59	26. REGISTRAR'S SIGNATURE Neva Marshall
Woodland-Linwood			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens

All diseases in Part I must be causally related.

658 6 NCP

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 *Melvin Barte*

Licensed Embalmer No. *4903*
P. O. Address *H. C. W.*

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.