

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035047

FILED VS OCT 26 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 304

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kirkwood</u>		Length of stay in 1b <u>2 weeks</u>		c. CITY OR TOWN <u>Lucas City</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>Loughlin Hospital</u>				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Mrs</u> Middle <u>Mrs</u> Last <u>Shlaughter</u>				4. DATE OF DEATH Month <u>Oct</u> Day <u>15</u> Year <u>'59</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-3-12</u>	9. AGE (last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Merriam, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>C. C. Jeger</u>		13b. MOTHER'S MAIDEN NAME <u>Mellie Sherman</u>		14. NAME OF HUSBAND OR WIFE <u>Eugene Shlaughter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>497-32-2013</u>		17. INFORMANT <u>Eugene Shlaughter</u> Address <u> </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>Post Necrotic Cirrhosis of Liver</u> DUE TO (b) <u>UNKNOWN</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bleeding Esophageal Varices - Cerebral Thrombosis</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <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>10-2-59</u> to <u>10-15-59</u> and last saw her alive on <u>10-15-59</u> Death occurred at <u>10:50 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Paul Haegele, Jr Do</u>				22b. ADDRESS <u>Northville, Mo.</u>		22c. DATE SIGNED <u>10-16-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Merriam</u>	23b. DATE <u>Oct 17 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Merriam City Cemetery</u>		23d. LOCATION (City, town, or county) <u>Merriam City</u>		STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Jack D. Miller</u> ADDRESS <u>Merriam City, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>10-17-59</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 27 1959

EARL BAUGHN, JR. D.D.

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 Earl Baughn, Jr.
Licensed Embalmer No. 4619
P. O. Address Quincy, Ill.

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.