URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 0 1959

59-036738

STATE FILE NUMBER

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 162

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon
Length of stay in 1b: 2 Hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Lebanon
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. 5.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: JOSEPH Middle: M. Last: Slavens

4. DATE OF DEATH Month: Oct. Day: 30, Year: 1959

5. SEX: White
6. COLOR OR RACE: Male
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-19-85
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (City and state or country): Laclede County Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Slavens
13b. MOTHER'S MAIDEN NAME: Minerva Clark
14. NAME OF HUSBAND OR WIFE: Mae Slavens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-28-3822
17. INFORMANT: Address: Mrs. Elsie Carlson, Lebanon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer of Bowel — INTERVAL BETWEEN ONSET AND DEATH: one year
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): Senility – Gen. arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ None
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 9/10/57 to 10/30/59 and last saw ~~her~~ him alive on 10/30/59
Death occurred at 5:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George E. Fisher (Degree or title) M.D.
22b. ADDRESS Lebanon, Mo
22c. DATE SIGNED 11/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-3-59
23c. NAME OF CEMETERY OR CREMATORY: Prosperine Cemetery
23d. LOCATION (City, town, or county) (State): Laclede County Mo.

24. FUNERAL DIRECTOR: L R Palmer ADDRESS: Lebanon, Mo.
25. DATE RECD. BY LOCAL REG.: 11-3-1959
26. REGISTRAR'S SIGNATURE: Ella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

**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 Stanleyth R. Palm

Licensed Embalmer No. 4810

P. O. Address Lebanon, 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER, in his OWN HANDWRITING. (Failure to compl 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.