

# RI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 20 1960

-60-002563

STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 5780 Registrar's No. 1

|  |   |   |  |  |   |  |
|--|---|---|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Miller</u>   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u> |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Eldon</u>  |   | Length of stay in 1b<br><u>Years</u>  | c. CITY OR TOWN <u>Eldon</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>      |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Rt. 1</u>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>Rt. 1</u>  |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>     |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Rosa</u> Middle <u>Adeline</u> Last <u>Slote</u>  |   |   | 4. DATE OF DEATH<br>Month <u>Jan</u> Day <u>5</u> Year <u>1960</u>   |  |   |  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>Caucasian</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>July 3, 1881</u>  | 9. AGE (last birthday)<br><u>78</u>  | IF UNDER 1 YEAR<br>Months <u>    </u> Days <u>    </u> Hours <u>    </u> Min. <u>    </u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><u>Moniteau County, Mo.</u>  | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u>  |  |
| 13a. FATHER'S NAME<br><u>Huston Snodgrass</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Margaret Milburn</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Ira B. Slote</u>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 16. SOCIAL SECURITY NO.<br><u>None</u>  | 17. INFORMANT<br>Address <u>Norma Bunker, Eldon, Mo.</u>   |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral haemorrhage</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Sclerotic changes in vessels.</u><br>DUE TO (c) <u>    </u> |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>four days.</u>                                     |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>    </u> Month, Day, Year <u>    </u><br>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>June 1959</u> to <u>Jan 5 1960</u> and last saw her alive on <u>Jan 2 1960</u><br>Death occurred at <u>1:15</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |  |   |  |
| 22a. SIGNATURE<br><u>E. O'Neil on m d</u> (Degree or title)  |   |   | 22b. ADDRESS<br><u>Eldon Mo</u>  |  | 22c. DATE SIGNED<br><u>Jan 9 1960</u> (State)   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>Jan 7, 1960</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Greenridge</u>   | 23d. LOCATION (City, town, or county)<br><u>Eldon, Mo.</u>   |  |   |  |
| 24. FUNERAL DIRECTOR<br><u>Louis D. Phillips</u> ADDRESS <u>Eldon</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>Jan. 9, 1960</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Oliveretta Walt</u>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 21

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Don E. Phillips, Student Embalmer No. 583

working under my personal supervision.

Student Don E. Phillips  
Signature of Student Embalmer

Signed Louis W. Phillips

Licensed Embalmer No. 3663

P. O. Address Sedar

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