URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-007638

FILED VS FEB 29 1960

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bolivar — Length of stay in 1b: 17 yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Died in the Home — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Polk
c. CITY OR TOWN Bolivar — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Era Middle Eugene Last Slagle

4. DATE OF DEATH: Month Feb. Day 18 Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan 8 - 1885
9. AGE (last birthday): 75 — 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): Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Thomas Benton Slagle
13b. MOTHER'S MAIDEN NAME: Mary Jones
14. NAME OF HUSBAND OR WIFE: Mary Slagle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Mary E. Slagle — Address: Bolivar, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchial pneumonia	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Influenza	6 day
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cardiac insufficiency

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 ☐
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 June 1948, to Feb 18, '60 and last saw her/him alive on Feb. 17 1960
Death occurred at 6:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. P. Barnett MD
22b. ADDRESS: Bolivar Mo.
22c. DATE SIGNED: 2-19-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 21-60
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Shady Grove
23d. LOCATION (City, town, or county) (State): Polk Co. Mo.

24. FUNERAL DIRECTOR: Pitts Funeral Home — Bol. Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG.: 2-25-1960
26. REGISTRAR'S SIGNATURE: Ralph Borden per Jewell Borden

(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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Sidney J. Pitts

Signature of Student Embalmer

Licensed Embalmer No. 4939

P. O. Address Bolivar, Mo

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