

**IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-045020**

**FILED VS DEC 20 1960**

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 401 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax</u>		Length of stay in 1b <u>11 Days</u>	c. CITY OR TOWN <u>Fairfax</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>Community Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 Middle Last <u>HARRY ALONZO SLY, Sr.</u>			4. DATE OF DEATH Month Day Year <u>Dec. 15, 1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/8/1895</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and state or country) <u>Fairfax Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Oscar Sly</u>		13b. MOTHER'S MAIDEN NAME <u>Basha Holliday</u>		14. NAME OF HUSBAND OR WIFE <u>LaVetah Sly (Dece)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I</u>		16. SOCIAL SECURITY NO. <u>498-40-7192</u>	17. INFORMANT Address <u>James R. Sly Fairfax Mo.</u>			

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 <u>minutes</u> <u>days</u> <u>years.</u>
IMMEDIATE CAUSE (a) <u>rupture of ventricle</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>myocardial infarction</u>			
DUE TO (c) <u>QSHD</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. <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 Month, Day, Year a.m. p.m.		

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 <u>Rock Port, Mo.</u>	COUNTY <u>Fairfax</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>12/4/60</u> to <u>12/15/60</u> and last saw her/him alive on <u>12/15/60</u> Death occurred at <u>12:40</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>John M. Wronowaker, M.D.</u>		22b. ADDRESS <u>Rock Port, Mo.</u>		22c. DATE SIGNED <u>12/16/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/17/1960</u>	23c. NAME OF CEMETERY <u>Pleasant Ridge</u>	23d. LOCATION (City, town, or county) (State) <u>Fairfax Missouri</u>	
24. FUNERAL DIRECTOR <u>Schooler Funeral Home Fairfax Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 16, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Thermin N. Schooler</u>	

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

JAN 25 1961

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Marvin N. Schuster

Licensed Embalmer No. 4162  
P. O. Address Fairfield

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.