

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016227

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 6

STATE FILE NUMBER

FILED APR 18 1961

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived at institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Licking</u>		Length of stay in 1b <u>5 yrs</u>	c. CITY OR TOWN <u>Licking</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>10 mi W. of Licking MO</u>
3. NAME OF DECEASED (Type or print) First <u>Irven</u> Middle <u>-</u> Last <u>Sliger</u>		4. DATE OF DEATH Month <u>April</u> Day <u>15</u> Year <u>1961</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-20-1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Texas Co MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John Sliger</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Covness</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>		17. INFORMANT <u>Carl Sliger Licking MO</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>Ac. Myocardial Infarction</u> DUE TO (b) <u>ASHD.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>10+ yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>cerebral Arteriosclerosis</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 _____ a.m. _____ p.m. Month, Day, Year _____		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>15 Mar 61</u> to <u>31 Mar 61</u> and last saw <u>him</u> alive on <u>31 Mar 61</u> Death occurred at <u>9:00</u> <u>am</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. B. Young, M.D.</u>		22b. ADDRESS <u>Kalla, Mo</u>	
22c. DATE SIGNED <u>5 April 61</u>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <u>4-7-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Covness Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Texas Co MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>Smith Ferguson Licking MO</u>		25. DATE RECD. BY LOCAL REG. <u>April 13, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Edwara E. Hesse</u>

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 10 1969

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 Emberto Figueroa

Licensed Embalmer No. 3945

P. O. Address Rocky Hill

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.