

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044383

STATE FILE NUMBER

Registration District No. 139 Primary Registration District No. \_\_\_\_\_ Registrar's No. 80

FILED DEC 26 1961

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. (f institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Corning</u>		Length of stay in 1b <u>2 years</u>	c. CITY OR TOWN <u>Corning</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Corning, Mo</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 checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas Frederick Paul Slacik</u>			4. DATE OF DEATH Month Day Year <u>Dec 13, 1961</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</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>2/15/1881</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>on farm</u>	11. BIRTHPLACE (City and state or country) <u>Corning, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Slacik</u>		13b. MOTHER'S MAIDEN NAME <u>Rosina Swetlik</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. Thomas M<sup>rs</sup> Kee - Corning 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>INSTANT</u>
IMMEDIATE CAUSE (a) <u>BURNED UP WHEN HE BE BURNED</u>		
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)	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>STARTING FIRE IN STOVE WITH COAL-OIL</u>
20c. TIME OF INJURY Hour <u>6</u> s.m. / p.m. Month, Day, Year <u>Dec 13, 61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>
20f. CITY, TOWN, OR LOCATION <u>CORNING</u>		COUNTY <u>HOLT</u> STATE <u>MO.</u>

21. I attended the deceased from no to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 6 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Howard E. Coblin</u>	(Degree or title) <u>D.O. CORNER HOLT, MO. Oregon, Mo.</u>	22b. ADDRESS	22c. DATE SIGNED <u>12/20/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/17/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery Corning</u>	23d. LOCATION (City, town, or county) (State) <u>Corning MO.</u>
24. FUNERAL DIRECTOR <u>Wilber L. Schoeler - Craig Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-21-1961</u>	26. REGISTRAR'S SIGNATURE <u>JAMES H. HENNING</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Myself, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Wilber L. Schooler

Licensed Embalmer No. 3997

P. O. Address Craig, Mo.

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.