

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001037

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3030 Registrar's No. 18

**FILED JAN 23 1962**

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived - Institution: Residence before admission)	
a. COUNTY <u>FRANKLIN</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Rauferd</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>Bourbon</u>	
Length of stay in lb <u>7 wks</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION <u>St Francis Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>7th</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>C.</u> Last <u>SLOSS</u>			4. DATE OF DEATH Month <u>JAN.</u> Day <u>15</u> Year <u>1962</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>1881</u>
9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>12</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>WASHINGTON, CO.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John Sloss</u>	
13b. MOTHER'S MAIDEN NAME <u>Laura Sumpston</u>		14. NAME OF HUSBAND OR WIFE <u>Murtle (dec'd)</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>Royal Fran, Cuba, Mo.</u>		Address	
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) <u>Heart Failure</u>			<u>Minutes</u>
DUE TO (b) <u>Congestive Failure</u>			<u>1WK</u>
DUE TO (c) <u>Hypostatic pneumonia</u>			<u>1WK</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition gives in PART I (a) <u>Acute Cerebral Vascular Accident.</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 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <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>Dec 1961</u> to <u>14 Jan 62</u> and last saw him alive on <u>13 Nov 62</u>			
Death occurred at <u>1:30</u> a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Raymond W. Stifel MD</u> (Degree or title)		22b. ADDRESS <u>Bourbon, Mo</u>	22c. DATE SIGNED <u>15 Jan 62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>1-17-1962</u>	<u>Old Fellows Cem</u>	<u>Sullivan, Mo</u>
24. FUNERAL DIRECTOR <u>Paul O. Frank</u> ADDRESS <u>Cuba, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1/17/62</u>	26. REGISTRAR'S SIGNATURE <u>Leola C. Hudmann</u>

**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  \_\_\_\_\_

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.