

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016358

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. \_\_\_\_\_ Registrar's No. 49

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAY 3 1962**

1. PLACE OF DEATH  
 a. COUNTY Polk  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pleasant Hope, Mo Length of stay in lb Life  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homo Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo b. COUNTY Polk  
 c. CITY OR TOWN Pleasant Hope, Mo Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
Carl Victor Slagle April 25, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 10/7/1887 9. AGE (last birthday) 74

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Gas&Oil 10b. KIND OF BUSINESS OR INDUSTRY Station 11. BIRTHPLACE (City and state or country) Polk County 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Freeman Slagle 13b. MOTHER'S MAIDEN NAME Ella Gilmore 14. NAME OF HUSBAND OR WIFE Alice Slagle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Alice Slagle Address Pleasant Hope, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebral apoplexy INTERVAL BETWEEN ONSET AND DEATH 1 day  
 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.  
 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 4/25/62 to 4/25/62 and last saw her/him alive on 4/25/62  
 Death occurred at 5:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dorcas M. Crum MD 22b. ADDRESS Bolivar Mo 22c. DATE SIGNED 4/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/27/62 23c. NAME OF CEMETERY OR CREMATORY Pleasant Hope Cemetery 23d. LOCATION (City, town, or county) (State) Pleasant Hope, Mo

24. FUNERAL DIRECTOR Paul D Butler ADDRESS Bolivar, Mo 25. DATE RECD. BY LOCAL REG. April 27, 1962 26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon

VS 300 Rev. 4/59  
 10840  
 20840  
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 8 2  
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 12 90-0  
 13 1-0

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 Paul D Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar, 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.