

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025728

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 68

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 27 1962

VS 300
Rev. 4/59

1035
20355

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9331X

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122-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Stoddard		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter Mo.		a. STATE Mo.		b. COUNTY Dunklin	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Comeau Clinic			Length of stay in 1b Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kennett Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 808 Slicer St.			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)				4. DATE OF DEATH		5. AGE (last birthday)	
First Willella		Middle Slicer		Last Slicer		Month June	
Day 20th		Year 1962					
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-14-1878	
9. AGE (last birthday) 83		IF UNDER 1 YEAR Months 3		IF UNDER 24 HR Days 10		IF UNDER 1 YEAR Hours 3	
IF UNDER 24 HR Min. 11		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Huntington Tenn.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William Hampton		13b. MOTHER'S MAIDEN NAME Alice Pickett		14. NAME OF HUSBAND OR WIFE Harry Slicer (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. XX		17. INFORMANT Paul Slicer		Address Kennett Mo.	
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)				Cerebro-vascular accident		3 days	
DUE TO (b)				(arteriosclerosis)		10 days	
DUE TO (c)				cerebro-vascular accident		3 M	
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 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 February 20 1962 to June 20 1962 and last saw her alive on June 20 1962		Death occurred at 11:14 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		(Degree or title) M.D.		22b. ADDRESS Dexter Mo.		22c. DATE SIGNED 6-21-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-22-62		23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Kennett Mo.	
24. FUNERAL DIRECTOR Lentz Service		ADDRESS Kennett Mo.		25. DATE RECD. BY LOCAL REG. 6-23-62		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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

Edgard Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.