

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-031610

STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 5606 Registrar's No. 36

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0510
2 0510
3 2
4 1
5 20
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7 0
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12 90-0
13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED AUG 27 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Johnson</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Holden</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Johnson</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AT HOME</u>		Length of stay in 1b <u>23 years</u>		c. CITY OR TOWN <u>Holden</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY Josephine Slack</u>		d. STREET ADDRESS (If outside, give location) <u>HOLDEN MO</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
4. DATE OF DEATH Month Day Year <u>Aug. 17, 1962</u>		5. SEX <u>F</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>10-11-1877</u>		9. AGE (last birthday) <u>84 years</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and state or country) <u>Chapel Hill, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>James W. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy A. Williamson</u>	
14. NAME OF HUSBAND OR WIFE <u>Thomas J. Slack</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No.</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Mrs. Allene Jones - Holden, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		DUE TO (b)			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Gen 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>AUG 7 1961</u> , to <u>AUG 17 1962</u> and last saw her ^{her} _{him} alive on <u>AUG 17 1962</u> Death occurred at <u>8:15 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Kelly O'Connell M.D.</u>		22b. ADDRESS <u>Holden Mo</u>		22c. DATE SIGNED <u>8/30/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Aug 20-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cobb</u>	
23d. LOCATION (City, town, or county) <u>Johnson Co., Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>CANADAY AND ROPP-HOLDEN, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-22-62</u>	
26. REGISTRAR'S SIGNATURE <u>Bernise Ross</u>					

USE BLACK INK OR TYPEWRITER RIBBON

AUG 27 1962

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 Samuel B. Popp

Licensed Embalmer No. 4044

P. O. Address Holden Ind

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.