

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023538

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 313

FILED JUL 8 1963

VS 300
Rev. 4/59

1 0168

2 0168

3

4 1

5 2

6

7 0

8 3

9 7-2-63

10 1-2

11 3-3

12 1-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY: Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Cape Gir.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau		Length of stay in 1b: 36 yrs.	c. CITY OR TOWN: Cape Girardeau
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Osteopathic Hospital		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location): 201 S. Lorimier
3. NAME OF DECEASED (Type or print) First: Effie Middle: Ann Last: Slagle		4. DATE OF DEATH: July 2, 1963	
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: 2-15-1881
9. AGE (last birthday): 82		IF UNDER 1 YEAR: Months: _____ Days: _____	IF UNDER 24 HR: Hours: _____ Min: _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (City and state or country): Whitewater, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.		13. FATHER'S NAME: William Looney	
14. MOTHER'S MAIDEN NAME: Minerva Allen		15. NAME OF HUSBAND OR WIFE: Albert H. Slagle	
16. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates): NO		17. INFORMANT: Inez Slagle Cape Gir., 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) Respiratory Failure DUE TO (b) Massive Pneumonia DUE TO (c) Post surgical hip-pinning			INTERVAL BETWEEN ONSET AND DEATH: 24 hrs. 48 hrs. 5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Left Hemiplegia Cardiac Decompensation - Cerebral Accident			PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input checked="" 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 2-18-46 to 7-1-63 and last saw her alive on 7-1-63 Death occurred at 4:15 a.m. 7-2-63 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree, title): M. Marguerite Fuller D.O.		22b. ADDRESS: 238 N. Pacific Cape Girardeau, Mo.	22c. DATE SIGNED: 7-2-63
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 7-4-1963	23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory	23d. LOCATION (City, town, or county): St. Louis, Mo.
24. FUNERAL DIRECTOR: Ford & Sons Cape Girardeau, Mo.		25. DATE RECD. BY LOCAL REG.: July-2-63	26. REGISTRAR'S SIGNATURE: Jimm Kasten

JUL 10 1963

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 W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Hill, Va.

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.