

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

40912

State File No.

FILED JAN 14 1957

REG. DIST. NO. 73

PRIMARY REG. DIST. NO. 3014

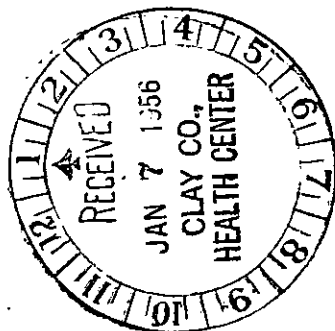
Registrar's No. 1

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Platte</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u> OR TOWN <u>Liberty</u> | | c. CITY OR TOWN <u>Liberty</u> d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>322 Harrison</u> | | e. STREET ADDRESS (If rural, give location) <u>322 Harrison</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) c. (Last) <u>SLAUGHTER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29-56</u> | |
| 5. SEX <u>M</u> 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | |
| 8. DATE OF BIRTH <u>Dec 19-1875</u> | | 9. AGE (In years last birthday) <u>81</u> if UNDER 1 YEAR Months Days if UNDER 1 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Ry station</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Liberty Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>William Slaughter</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary DeCoursey</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Rosa Slaughter</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>no</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Platte Slaughter</u> | | ADDRESS <u>Liberty Mo.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 4500 | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Dec. 29</u> , 19 <u>56</u> and that death occurred at <u>7 A</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Conrad Goodson M.D.</u> | | 23b. ADDRESS <u>Liberty Mo</u> | |
| 23c. DATE SIGNED <u>1/3/57</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan 2-57</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u> | | 24d. LOCATION (City, town, or county) <u>Liberty Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>1-2-57</u> | | REGISTRAR'S SIGNATURE <u>Mabel Graham</u> | |
| FURNERAL DIRECTOR'S SIGNATURE <u>Church-Crewe Co.</u> | | ADDRESS <u>Liberty Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4910



1961 FEB 11

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.....
Signature of Licensed Embalmer

Licensed Embalmer No. 4448

P. O. Address.....
Liberty

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.