S. No. 300
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FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19974

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5452 Registrar's No. 84

0390

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

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West of Ash Grove, 2 Mi

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0390
d. STREET ADDRESS (If rural, give location): _____

3. NAME OF DECEASED (Type or Print)
a. (First) Charles D. Slatten
b. (Middle)
c. (Last)

4. DATE OF DEATH (Month) 5 (Day) 29 (Year) 50

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 11
8. DATE OF BIRTH: 5 18 30
9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days 11 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Navy
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S. A.

13a. FATHER'S NAME: Elbert Slatten
13b. MOTHER'S MAIDEN NAME: ~~Unknown~~ Ruby Lewis
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.LL
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Pearl Lewis, Ash Grove, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral damage, head injuries and internal injuries — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ 15 E8234

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 32

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: _____
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ash Grove Greene Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 29 50 6 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: one car accident

22. *I hereby certify that I attended the deceased from _____ 19__, to _____, 19__, that I last saw the deceased* dead *on* 5/29/50, 19__, *and that death occurred at* 6:10pm *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Randolph Dale, Coroner
23b. ADDRESS: Springfield, Missouri
23c. DATE SIGNED: 6/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 6-2-50
24c. NAME OF CEMETERY OR CREMATORY: Ash Grove
24d. LOCATION (City, town, or county) (State): Greene Co., Mo

DATE REC'D BY LOCAL REG.: 6/22/50
REGISTRAR'S SIGNATURE: Irene H. Wilson 104
25. FUNERAL DIRECTOR'S SIGNATURE: Moore-Lieman
ADDRESS: Ash Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 50-6-37-4
Date Filed 6-24-50

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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 Paul V. Gouty, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Paul V. Gouty

Licensed Embalmer No. 4719

P. O. Address Ash Grove, 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 this body is not embalmed, fact should be so stated above.