

FILED AUG 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 22756

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>1501 Hinkson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1501 Hinkson Ave</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> b. (Middle) <u>C</u> c. (Last) <u>Slate</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1950</u>		
--	--	--	--	--	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 27 1864</u>		9. AGE (In years last birthday) <u>85</u>		10. UNDER 1 YEAR <u>10</u> MONTHS <u>26</u> DAYS		11. UNDER 24 HOURS		12. UNDER 24 MINS.	
----------------------	--	-------------------------------	--	---	--	-------------------------------------	--	---	--	--	--	--------------------	--	--------------------	--

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>Home</u>			11. BIRTHPLACE (State or foreign country) <u>Columbia Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
--	--	--	---	--	--	--	--	--	--	--	--

13a. FATHER'S NAME <u>W.E.B. Cato</u>			13b. MOTHER'S MAIDEN NAME <u>Anna E. Speak</u>			14. NAME OF HUSBAND OR WIFE <u>L.J. Slate</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>Family - Miss Rann Slate</u> ADDRESS <u>Columbia</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>7-20-50</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) <u>4921</u>	
--	--	--	--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT 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 May 1949, to 7-23, 1950 that I last saw the deceased alive on 7-21, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank E. Deckerie M.D.</u>		23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>7-24-50</u>	
--	--	---------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 26 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia MO</u>	
---	--	-------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>July 26 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		31		25. FUNERAL DIRECTOR'S SIGNATURE <u>T.O. Willett</u> ADDRESS <u>Columbia, Mo.</u>	
--	--	---	--	----	--	---	--

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

0104

RECEIVED 7-31-57
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-31-57

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Guy S. Shelton*

Licensed Embalmer No. 4700

P. O. Address *Columbia, Md.*

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.