

FILED JAN 11 1951

STANDARD CERTIFICATE OF DEATH

43274

State File No.

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Memphis Mo</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Memphis Mo</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lester</u>	b. (Middle) <u>L</u>	c. (Last) <u>Slavin</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Dec 9 1950</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 20 1889</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
<u>Merchant</u>	<u>Downing Mo</u>	<u>U S</u>				

13a. FATHER'S NAME <u>Wallace Slavin</u>	13b. MOTHER'S MAIDEN NAME <u>Ilda Kelso</u>	14. NAME OF HUSBAND OR WIFE <u>Allie Slavin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>498-14-0195</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Slavin</u>	ADDRESS <u>Memphis Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION.		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Endocarditis (acute)</u>	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>Traumatic Hemiplegia</u>		
	DUE TO (c) <u>Auto Accident</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>352X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1944</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Wreck of Pass-Cole Truck</u>
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22. I hereby certify that I attended the deceased from Dec 1, 1950, to Dec 9, 1950, that I last saw the deceased alive on Dec 9, 1950, and that death occurred at 6:30 A M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. E. Symmonds DD 2</u>	23b. ADDRESS <u>Memphis Mo</u>	23c. DATE SIGNED <u>Dec 21-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec 11 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Downing Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Downing Mo</u>
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DATE REC'D BY LOCAL REG. <u>12/29/50</u>	REGISTRAR'S SIGNATURE <u>G. M. Baker 404</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gertha Bassett</u>	ADDRESS <u>Memphis Mo</u>
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Date Received: JAN 4 1951
DISTRICT HEALTH OFFICE #
District File Number 1-51-3
Date Filed: JAN 10 1951

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
Student Embalmer

Signed Albert C Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis 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.