

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26312

BIRTH NO.		REG. DIST. NO. 50		PRIMARY REG. DIST. NO. 5179		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <i>Camden - Oregon</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>					
b. CITY (If outside corporate limits, write RURAL and give township) <i>Versailles - Rural</i>		c. LENGTH OF STAY (In this place) <i>1 hour</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Jackson City</i>		3548			
d. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Waltti Cabin off Lake Road 12</i>				d. STREET ADDRESS (If rural, give location) <i>3123 Olive 1</i>					
3. NAME OF DECEASED (First) <i>Arnold W Slater</i> (Middle) <i>(Waites)</i> (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>Sep 1 - 1951</i>						
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Wht</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced 3</i>		8. DATE OF BIRTH <i>Dec 29 - 1905</i>			
9. AGE (In years last birthday) <i>45</i>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <i>8 2</i>		11. BIRTHPLACE (State or foreign country) <i>Nebraska Campbell</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.C.</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Amusement Corp</i>		13a. FATHER'S NAME <i>Burt Slater</i>		13b. MOTHER'S MAIDEN NAME <i>Lowery</i>			
13c. NAME OF HUSBAND OR WIFE <i>No data ASHENC SLATES</i>		14. NAME OF HUSBAND OR WIFE <i>No data ASHENC SLATES</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>Yes N W W</i>					
16. SOCIAL SECURITY NO. <i>495-07 7060</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Bert C Shirley - 7731 Ind. Kansas City Mo</i>							
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Drowning</i>				DUPLICATE				Sudden	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>accidental</i>				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>89298</i>									
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) <i>accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <i>Lake of the Ozarks</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Versailles Mo Rural Camden Mo</i>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <i>Sep 1 - 1951 6:45 PM</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Went in to Lake Swim - Unable to Reach Shore on Return</i>					
22. I hereby certify that I attended the deceased from <i>Sep 3</i> , 1951, to <i>10</i> , that I last saw the deceased alive on <i>10</i> , and that death occurred at <i>6:45 pm.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Abbie Banksen Walery Coroner</i>				23b. ADDRESS <i>Camden Mo</i>		23c. DATE SIGNED <i>Sep 3 - 51</i>			
24a. BURIAL CREMATION (Specify) <i>Removal</i>		24b. DATE <i>Sep 3 - 51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Kansas City Cem. Kansas City Mo</i>		24d. LOCATION (City, town, or county) (State) <i>Mo</i>			
DATE REC'D BY LOCAL REG. <i>Sep 3 - 1951</i>		REGISTRAR'S SIGNATURE <i>Zilpha Shaw 42</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Newcomer's Sons Kansas City, Mo</i>					

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

Rec'd back Sept. 8 - 1951

RECEIVED 9-11

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-11-51

DB

SEP 14 1951

NOT RECORDED

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 _____

NOT EMBALMED

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *D. W. Newcomer's Sons*

Licensed Embalmer No. _____

P. O. Address _____

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.