

X No. 300  
REV. 10-48

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33361

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4214</u>		Registrar's No. <u>524</u>	
1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Green</u>			
b. CITY OR TOWN <u>Deepwater</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Springfield</u>		0 <u>37</u> <u>6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 13, Deepwater</u>				d. STREET ADDRESS (If rural give location) <u>932 West Florida</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u>		b. (Middle) <u>Virgil</u>		c. (Last) <u>SLUSHER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18-1951</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>Oct 12 1918</u>	
9. AGE (In years last birthday) <u>33</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>6</u>		IF UNDER 1 MO. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Road work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Work</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.?</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Watson Slusher</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Lillian Slusher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>494-184-160</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Lillian Slusher, 932 W. Florida, Springfield, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SKULL FRACTURE</u>  ANTECEDENT CAUSES <u>Asboid conditions, if any, giving rise to the above cause (a) stating the underlying cause last...</u>  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>047</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>HIGHWAY 13 DEEPWATER</u>		21c. (CITY/TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>DEEPWATER HENRY MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>OCT 18 1951 11:45</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AUTO ACCIDENT</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, no coroner</u>				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>19 Oct. 1951</u>	
24a. REMOVAL OF CORNEA <input type="checkbox"/>		24b. DATE <u>10/19/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Berk Memorial Cemetery, Brown, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE RECD BY LOCAL REG <u>Oct-1951</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		427 25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom Hurst, Deepwater, Mo.</u>		ADDRESS _____	

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

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RECEIVED

OCT 22 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed OCT 22 1951

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Tom Hunt

Licensed Embalmer No. 2742

P. O. Address Deepwater 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.