

FILED OCT 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. 33856
Registrar's No. 4273

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE Missouri b. COUNTY Lafayette

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (In this place) 2 DAs.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa

d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospt. d. STREET ADDRESS (If rural, give location) 0540

3. NAME OF DECEASED (Type or Print) a. (First) M. b. (Middle) E. c. (Last) Slusher

4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1951

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 18, 1889 9. AGE (In years last birthday) 61 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 MIN. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer 10b. KIND OF BUSINESS OR INDUSTRY Oil Pipeline 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME G. Bogard Slusher 13b. MOTHER'S MAIDEN NAME Bettie Neer 14. NAME OF HUSBAND OR WIFE Mrs. Viola Slusher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 484-10-5093 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Viola Slusher, Odessa, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH _____

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cause undetermined

DUE TO (c) _____

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

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION No operation 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Oct 2, 1951, to Oct 5, 1951, that I last saw the deceased alive on Oct 5, 1951, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE W. E. Martin (Degree or title) MD 23b. ADDRESS Odessa Mo 23c. DATE SIGNED 10-6-51

24a. BURIAL CREMATION (REMOVAL) (Specify) Buried 24b. DATE Oct. 8, 1951 24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery 24d. LOCATION (City, town, or county) (State) Warrensburg, Mo.

DATE REC'D BY LOCAL REG. 10-7-51 REGISTRAR'S SIGNATURE Sauldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Husman Sparks Odessa, Mo.

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

(Licensed Embalmer's Statement on Reverse Side)

APR 21 1937

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 William T. Sparks

Signed.....
Student Embalmer

Licensed Embalmer No. 4431

P. O. Address Odessa, 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.