

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19673**

DECEASED JUL 7 1952

BIRTH NO.

REG. DIST. NO. **47**PRIMARY REG. DIST. NO. **3008**Registrar's No. **238**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: evidence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. CITY (If outside corporate limits, write RURAL and give township) Fulton	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Callaway County Hoop		d. STREET ADDRESS (If rural, give location) 812 Westminster Ave	
3. NAME OF DECEASED a. (First) Smith b. (Middle) Slater c. (Last) Slater		4. DATE OF DEATH (Month) (Day) (Year) June 28-52	
5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 15-1873	
9. AGE (In years last birthday) 78 10. MONTHS 8 11. DAYS 13		9. AGE (In years last birthday) 78 10. MONTHS 8 11. DAYS 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbing labor		10b. KIND OF BUSINESS OR INDUSTRY Same	
11. BIRTHPLACE (State or foreign country) Callaway Co, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME D.K.		13b. MOTHER'S MAIDEN NAME D.K.	
14. NAME OF HUSBAND OR WIFE Cora			
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. 495-12-3973A	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Cora Slater		17. ADDRESS Fulton, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral vascular hemorrhage			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 hours	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis, cerebral		10-15 years	
DUE TO (c) arteriosclerosis, general			
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 331X	
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)			
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 Jan. 31, 1952 , to June 28, 1952 , that I last saw the deceased alive on June 28, 1952 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Patricia J. Lanier, M.D.		23b. ADDRESS 607 Court St., Fulton, Mo.	
23c. DATE SIGNED 6-30-52			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE July 1-52	
24c. NAME OF CEMETERY OR CREMATORY White Cloud Cem.		24d. LOCATION (City, town, or county) (State) Callaway County, Mo.	
DATE REC'D BY LOCAL REG. June 29-1952		REGISTRAR'S SIGNATURE Maretha Lawrence	
426-0		25. FUNERAL DIRECTOR'S SIGNATURE Eli Bell	
		ADDRESS Fulton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Harry T. Bell

Signed.....

Student Embalmer

Licensed Embalmer No.

4867

P. O. Address

Fulton, 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.