

No. 300
10.48

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23373

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6172 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Janey</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Janey</u>	
b. CITY OR TOWN <u>Hallister Oliver</u> c. LENGTH OF STAY (in this place) <u>25 years</u>		c. CITY OR TOWN <u>Hallister Rural</u> <u>1060</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>W.</u> c. (Last) <u>Slater</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 23, 1952</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>April 26, 1873</u>		9. AGE (In years last birthday) <u>79</u>		10. F UNDER 1 YEAR <u>0</u> 11. F UNDER 1 YEAR <u>0</u> 12. F UNDER 1 YEAR <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Sly</u>	
14. NAME OF HUSBAND OR WIFE <u>Cora Bell Slater</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Cora Slater</u>		ADDRESS <u>Hallister Rural 200</u>	
--	--	------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u>			
*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 (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 <u>4201</u>		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) (Min.)		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 6/20, 1952, to 6/23, 1952, that I last saw the deceased alive on 6/22, 1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry T. Evans M.D.</u> (Degree or title)		23b. ADDRESS <u>Branson, Mo</u>		23c. DATE SIGNED <u>6/23/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/25/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Babblers Knob</u>	
24d. LOCATION (City, town, or county) (State) <u>Branson Janey MO</u>		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. <u>June 23-1952</u>		REGISTRAR'S SIGNATURE <u>J E Cogswell 376</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. C. Holt</u> ADDRESS <u>Harrison Ark.</u>	
--	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

060
1

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 Charles L. Halt

Licensed Embalmer No. 819

P. O. Address Harrison Ark.

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.