

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27616

FILED AUG 18 1953

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax	
c. LENGTH OF STAY (In this place) 11 days		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) FREDERICK c. (Last) SLY			4. DATE OF DEATH (Month) (Day) (Year) Aug. 10 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 6, 1992	9. AGE (In years, last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman		10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (State or foreign country) Atchison Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Oscar Sly		13b. MOTHER'S MAIDEN NAME Basha Holloway		14. NAME OF HUSBAND OR WIFE Lorene Sly	
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. 500-36-2274		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lorene Sly Fairfax Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia, acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 4 mos
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 May 1, 1952 to Aug 10, 1953, that I last saw the deceased alive on Aug 10, 1953, and that death occurred at 6 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James L. Coffey MD		23b. ADDRESS Fairfax Mo.		23c. DATE SIGNED 8-12-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 12, 1953		24c. NAME OF CEMETERY Pleasant Ridge		24d. LOCATION (City, town, or county) (State) Fairfax Mo.	
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DATE REC'D BY LOCAL REG Aug 17, 1953		REGISTRAR'S SIGNATURE Theroin N. Schaefer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schooler Funeral Home Fairfax Mo.	
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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 Marvin N. Schaefer

Signed.....
Student Embalmer

Licensed Embalmer No. 4162

P. O. Address Fairfax, Missouri

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.