

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30794

State File No. ....

FILED SEP 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6149 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Duck Creek</u>		c. LENGTH OF STAY (in this place)	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Duck Creek</u>		10.30	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Puxico Mo R#2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Chase</u> b. (Middle) <u>a.</u> c. (Last) <u>Slavens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 1 1953</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. 5. 1883</u>		9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>10 26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ind. 1</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Geo. Slavens</u>		13b. MOTHER'S MAIDEN NAME <u>Sofrona Wyeth</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Slavens</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Myrtle Slavens Puxico 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed chest</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9121</u> <u>3</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE / HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Duck Creek Twp. Stoddard, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 1, 1953</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tractor turned over on him.</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 6:15 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. W. Stacey, 3</u> Coroner		23b. ADDRESS <u>Dexter, Missouri</u>		23c. DATE SIGNED <u>9-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 6, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Puxico</u>	
24d. LOCATION (City, town, or county) (State) <u>Puxico Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ployd Morgan Puxico Mo</u>			
DATE REC'D BY LOCAL REG. <u>9/10/53</u>		REGISTRAR'S SIGNATURE <u>Pearl Reed 490</u>			

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

SEP 16 1953

SEP 23 1953

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 William H. Morgan

Licensed Embalmer No. 46409

P. O. Address Advance, Md

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.