

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36409**

FILED NOV 3 - 1953

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 3037 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence <u>2550</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt Vernon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville	
c. LENGTH OF STAY (in this place) 5 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Insane Patient in County Jail Awaiting Commitment			

3. NAME OF DECEASED (Type or Print) Nathan S Slay			4. DATE OF DEATH (Month) (Day) (Year) Oct. 29 1953					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 13, 1880	9. AGE (In years last birthday) 73	10. IF UNDER 1 YEAR Months 1	11. IF UNDER 1 YEAR Days 16	12. IF UNDER 1 HR. Hours 0	13. IF UNDER 1 HR. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer & Laborer		11. BIRTHPLACE (State or foreign country) Nixa Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME George Slay		13b. MOTHER'S MAIDEN NAME Margaret Bledsoe		14. NAME OF HUSBAND OR WIFE Annie Slay			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish Amer.		16. SOCIAL SECURITY NO. 489-16-3449		17. INFORMANT'S SIGNATURE OR NAME Mrs Annie Slay		ADDRESS Marionville 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vasculer Accident		INTERVAL BETWEEN ONSET AND DEATH 7 1/2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia		

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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on DOA 19, and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE R. G. Young MD (Degree or title)		23b. ADDRESS Mt Vernon		23c. DATE SIGNED 10/29/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 1/53		24c. NAME OF CEMETERY OR CREMATORY Oddfellows Cemetery	
		24d. LOCATION (City, town, or county) (State) Marionville Mo.			

DATE REC'D BY LOCAL REG. 10-29-53		REGISTRAR'S SIGNATURE Cecil Hendricks		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Durrige		ADDRESS Marionville Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADEING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Herman Scudder

Licensed Embalmer No. 3072

P. O. Address Marionville 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.