

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

629

State File No.

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 79 PRIMARY REG. DIST. NO. 5291 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Liberty - Rural)	c. LENGTH OF STAY (In this place) minutes	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway s 69 & H		e. STREET ADDRESS (If rural, give location) 2402 E 62nd st North 3808	

3. NAME OF DECEASED (Type or Print)	a. (First) Ozelma D	b. (Middle) Darst	c. (Last) Slusher	4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1954
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 8, 1909	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months Days 	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) secretary	10b. KIND OF BUSINESS OR INDUSTRY law office	11. BIRTHPLACE (City and State or Foreign Country) Madison, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Stanley Darst	13b. MOTHER'S MAIDEN NAME Buelah Bean	14. NAME OF HUSBAND OR WIFE C. E. Slusher
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY (If yes, give war or dates of service) 486-03-4578	17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Kingston, Madison, Mo.	ADDRESS Madison, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head & Chest Injuries		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2 Car Collision 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Liberty clay Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 30-1954 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car collision
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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 _____ p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. A. Pate M.D. Coroner	23b. ADDRESS North Kansas City Mo	23c. DATE SIGNED 1/30/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 2-3-54	24c. NAME OF CEMETERY OR CREMATORY Madison Cemetery	24d. LOCATION (City, town, or county) (State) Madison, Mo.
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DATE REC'D BY LOCAL REG Feb. 4, 1954	REGISTRAR'S SIGNATURE Mabel Strahan	491	25. FUNERAL DIRECTOR'S SIGNATURE J. Taylor-Pasley	ADDRESS Liberty, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

MAR 8 1956

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.....
Signature of Student Embalmer

Signed *Charles F. Taylor*

Licensed Embalmer No. 452

P. O. Address *Leicester*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.