

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0422
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BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **329**

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. CITY (If outside corporate limits, write RURAL and give township) Clinton MO	
c. LENGTH OF STAY (In this place) Week		d. STREET ADDRESS (If rural, give location) 318 E Ohio	
d. FULL NAME OF HOSPITAL OR INSTITUTION 318 East Ohio			

3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) E c. (Last) SLAVENS			4. DATE OF DEATH (Month) (Day) (Year) Mar 15 1954		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WID	
8. DATE OF BIRTH 12/20/1848		9. AGE (In years last birthday) 105		10. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Henry Co MO	
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME James Settles		13b. MOTHER'S MAIDEN NAME Louisa Felder		14. NAME OF HUSBAND OR WIFE George W. Slavens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Everett Brown ADDRESS Clinton MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INANITION & DEBILITATION					
		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		DUE TO (c) EXTREME AGE					
		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"/>	
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 **MAR 6**, 19**54**, to **MAR 6**, 19**54**, that I last saw the deceased alive on **MAR 6**, 19**54**, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. E. Consoled		23b. ADDRESS Clinton MO		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/17/1954		24c. NAME OF CEMETERY OR CREMATORY Bethelham Cem		24d. LOCATION (City, town, or county) (State) Near Clinton MO	
DATE REC'D BY LOCAL REG. Mar-17-54		REGISTRAR'S SIGNATURE Florena Adair		FURNERAL DIRECTOR'S SIGNATURE J. E. Consoled		ADDRESS Clinton MO	

(Licensed Embalmer's Statement on Reverse Side)

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

1917

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 J. E. Corralier

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.