

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10852**

BIRTH NO. **972** FILED **APR 14 1954** REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	
c. LENGTH OF STAY (in this place) 30Yrs		d. STREET ADDRESS (If rural, give location) 315 N. Lyon	
d. FULL NAME OF HOSPITAL OR INSTITUTION 315 N. Lyon			

3. NAME OF DECEASED (Type or Print)	a. (First) Ida	b. (Middle) Ruth	c. (Last) Slocum	4. DATE OF DEATH (Month) (Day) (Year) April 8 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 1-1872	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 3 Days 7	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Cooper Co Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James G. Bruce	13b. MOTHER'S MAIDEN NAME Rebecca Dunn	14. NAME OF HUSBAND OR WIFE
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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. -	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clark White-Marshall, Mo.	ADDRESS
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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, asthenia, 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) Cerebral Hemorrhage		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 29 1949**, to **April 8, 1954**, that I last saw the deceased alive on **April 8, 1954**, and that death occurred at **8 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James A. Reid, M.D.	23b. ADDRESS Marshall Mo	23c. DATE SIGNED 4-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/12/54	24c. NAME OF CEMETERY OR CREMATORY Louisiana Cemetery, Louisiana, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 4-10-1954	REGISTRAR'S SIGNATURE Henry F. Gray	25. FUNERAL DIRECTOR'S SIGNATURE J. Leslie Surrency-Marshall, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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. Leslie Swanson

Licensed Embalmer No. *3235*

P. O. Address *Marathon, W.*

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.