

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18677

FILED JUN 23 1954

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3021 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Chillicothe Twp. D590	
d. FULL NAME OF HOSPITAL OR INSTITUTION Susans Nursing Home		d. STREET ADDRESS (If rural, give location) RFD 1, Chillicothe	

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) SLATTERY c. (Last) SLATTERY			4. DATE OF DEATH (Month) (Day) (Year) June 10, 1954		
5. SEX Fem.		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Nov. 7, 1860		9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY xx		11. BIRTHPLACE (State or foreign country) Pennsylvania	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Gorman		13b. MOTHER'S MAIDEN NAME Margaret Kelly		14. NAME OF HUSBAND OR WIFE Patrick Slattery	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no xx		16. SOCIAL SECURITY NO. xx		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Slattery, Chillicothe, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 6 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Fract R Hip	
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9030 20			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) None		21b. PLACE OF INJURY (e.g., in cab, car, home, farm, factory, street, office, school, vessel) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Livingston Grundy Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 6, 1954 6P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell in room - standing over bed	

22. I hereby certify that I attended the deceased from **May 14, 1954**, to **June 10, 1954**, that I last saw the deceased alive on **June 9, 1954** and that death occurred at **8:10A** m., from the causes and on the date stated above.

23a. SIGNATURE E. A. Wiffy M.D.		23b. ADDRESS Livingston Mo		23c. DATE SIGNED June 10, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 12, 1954		24c. NAME OF CEMETERY OR CREMATORY Catholic cemetery	
24d. LOCATION (City, town, or county) (State) Chillicothe, Mo.					

DATE REC'D BY LOCAL REG. 6/12/54		REGISTRAR'S SIGNATURE Gene Fair		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ronald Gordon - Chillicothe Mo	
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WRITE PLAINLY—USING UNFADING 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 *Ronald Gordon*

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe, 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.