

STANDARD CERTIFICATE OF DEATH

5535

State File No.

FILED FEB 21 1955

BIRTH NO. REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5712 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give name of township) Rural - Stella ^{Richwood}		c. CITY OR TOWN	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If in this place) Life		e. STREET ADDRESS (If rural, give location) Rocky Comfort, Mo. R#1 16000	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home - Richwood Ins			

3. NAME OF DECEASED (Type or Print) a. (First) Genety b. (Middle) Mae c. (Last) Sligar			4. DATE OF DEATH (Month) (Day) (Year) Febr. 16 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 26 1870	9. AGE (In years last birthday) 84	10. IF UNDER 1 YEAR Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Kansas /	
12. COUNTRY OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Jess Sligar (Deceased)	
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 ADDRESS Jessie Sligar Rocky Comfort, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mono-lateral Hemaplasia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Hypertension DUE TO (c) Senile Cardiovascular Rnd Syst		
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) 442 X	
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?	

22. I hereby certify that I attended the deceased from Oct 1953, to Death, 1954, that I last saw the deceased alive on 11-30 1954 and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James L. Hobbs, D.O. & Wheeler, Mo		23b. ADDRESS		23c. DATE SIGNED 2/18/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-18-55		24c. NAME OF CEMETERY OR CREMATORY Union Cem	
24d. LOCATION (City, town, or county) (State) 6 Mi. S. Stella, Mo.					

DATE REC'D BY LOCAL REG. Feb. 18, 1955		REGISTRAR'S SIGNATURE 178 D. E. Plumlee		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Morris Rogie Wheaton, Mo.	
--	--	---	--	--	--

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.....
Signature of Student Embalmer

Signed *James Knight Duncanson*.....
Licensed Embalmer No. *176*.....

P. O. Address *Wheaton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.