

FILED SEP 23 1955

STANDARD CERTIFICATE OF DEATH

State File No. 29550

BIRTH NO.		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 5480		Registrar's No. 135	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Trenton Twp</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Trenton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Plainview Resthome</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D. 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lelia</u>		b. (Middle)		c. (Last) <u>SLINGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 18 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 14, 1877</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR MONTHS IF UNDER 24 HRS. HOURS MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Grundy Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J.A. DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca S. Craig Sherman Slinger (dec)</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Wirt Davidson Brimson, MO</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wirt Davidson Brimson, MO</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular-Renal disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>	
		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. <u>442X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>Sept 18, 1955</u> , to <u>Sept 18, 1955</u> that I last saw the deceased alive on <u>Sept 18, 1955</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Cliver + Duffen</u>		(Degree or title)		23b. ADDRESS <u>Trenton mo</u>		23c. DATE SIGNED <u>Sept 19, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Willis Chapel Cem</u>		24d. LOCATION (City, town, or county) <u>Brimson MO</u>	
DATE REC'D BY LOCAL REG. <u>9-21-55</u>		REGISTRAR'S SIGNATURE <u>Jane</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jane</u>		ADDRESS <u>115 Davis - Blackmore Trenton, mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Harold E. Roberts*.....

Licensed Embalmer No. *492*.....

P. O. Address *Linton, N.C.*.....

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.