

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26193

FILED SEP 6 1956

State File No. _____

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 4059

Registrar's No. 445

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 4059		Registrar's No. 445	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mich.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Detroit		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Public Road on way to Doctor				e. STREET ADDRESS (If rural, give location) 1328 Temple			
3. NAME OF DECEASED (Type or Print) a. (First) Wiley			b. (Middle) Dalton		c. (Last) Slagle		4. DATE OF DEATH (Month) (Day) (Year) Aug. 24, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 11, 1901		9. AGE (In years last birthday) 55	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) Merchant Seaman		10b. KIND OF BUSINESS OR INDUSTRY Shipping		11. BIRTHPLACE (City and State or Foreign Country) Ripley County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Wiley William Slagle		13b. MOTHER'S MAIDEN NAME Margaret Dalton		14. NAME OF HUSBAND OR WIFE Dorae B. Slagle, Naylor, Mo.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 375018183		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bruce Slagle, Naylor, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Chronic DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH Sudden
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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Doctor or title) Hoover W. Wheeler				23b. ADDRESS 412 Vine Poplar Bluff, Mo.		23c. DATE SIGNED 8-24-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-25-56	24c. NAME OF CEMETERY OR CREMATORY Haley Funeral Home		24d. LOCATION (City, town, or county) 16065 Hamilton Ave. Mich.		
DATE REC'D BY LOCAL REG. 8/25/56		REGISTRAR'S SIGNATURE R. J. Muehle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McCord Gish, Naylor, Mo.			

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 *Ryan McCord*

Licensed Embalmer No.....

P. O. Address.....

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.