

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31682**

FILED OCT 15 1956

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **137**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Louisiana) c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Edgewood	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital		e. STREET ADDRESS (If rural, give location) 0820	

3. NAME OF DECEASED (Type or Print)	a. (First) MILNIE	b. (Middle) MAY	c. (Last) SLAY	4. DATE OF DEATH (Month) (Day) (Year) SEPT 30 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 13 1874	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 5 Days	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 ---	11. BIRTHPLACE (City and State or Foreign Country) PIKE CO. MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles P. Proulx	13b. MOTHER'S MAIDEN NAME Mary Royally	14. NAME OF HUSBAND OR WIFE Harri SLAY
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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) ---	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Major Arthur Powell	ADDRESS Leurene MO
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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, ashenia, 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) Massive Pulmonary Embolism		sudden
	ANTECEDENT CAUSES DUE TO (b) Embollic pneumonia DUE TO (c) Arteriosclerotic cardio-vascular disease.		1 day 10 yrs.
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 4221	20. AUTOPSY? YES <input checked="" 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 **9-27, 1956**, to **9-28, 1956**, that I last saw the deceased alive on **9-29, 1956**, and that death occurred at **6:58 AM**, from the causes and on the date stated above.

23. SIGNATURE Charles D. Lurwell (Degree or title) M.D.	23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 10/1/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 2 1956	24c. NAME OF CEMETERY OR CREMATORY Ridgewood	24d. LOCATION (City, town, or county) (State) Edgewood MO
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DATE REC'D BY LOCAL REG. Oct 2 1956	REGISTRAR'S SIGNATURE Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE Warr B. Bunchard	ADDRESS Boonville MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

374

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..... *Jared Kirke*

Licensed Embalmer No. *4597*

P. O. Address *Bonning St*

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.