

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **44558**

FILED JAN 2 1957

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **250**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri - b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give town or township) Nevada		c. CITY OR TOWN El Dorado Springs	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 day		e. STREET ADDRESS (If rural, give location) Route # 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) William c. (Last) Slagle			4. DATE OF DEATH (Month) (Day) (Year) Dec; 21, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan; 22, 1889	9. AGE (In years last birthday) 67	10. IF UNDER 1 YEAR Months 11 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Barada Nebraska		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William E. Skagle	13b. MOTHER'S MAIDEN NAME Sadie Manville	14. NAME OF HUSBAND OR WIFE Nettie Slagle
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Nettie Slagle, El Dorado Spgs. Mo	ADDRESS
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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, asthenia, 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) Metastatic Carcinoma of liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma - Primary Site unknown. DUE TO (c)		
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"/>
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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) 1562
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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 Oct 19 56, to 12-21, 1956, that I last saw the deceased alive on 12-21, 1956, and that death occurred at 2:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert L. Meyer M.D.	23b. ADDRESS El Dorado Springs Missouri	23c. DATE SIGNED 12-24-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-24-56	24c. NAME OF CEMETERY OR CREMATORY Pleasant Springs	24d. LOCATION (City, town, or county) (State) El Dorado Springs Mo
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DATE REC'D BY LOCAL REG. 12-27-56	REGISTRAR'S SIGNATURE Arnal & Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Goodrich Funeral Home, Osceola Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

456

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 *J.B. [Signature]*.....

Licensed Embalmer No. *703*.....

P. O. Address *Orceola*.....

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.