

FILED APR 18 1957

STANDARD CERTIFICATE OF DEATH

State File No. **12442**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY OR TOWN Harrisonville	c. LENGTH OF STAY (In this place) 3 days	c. CITY OR TOWN Harrisonville	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 Memorial Hospital		e. STREET ADDRESS (If rural, give location) 700 W. Washington 0190	

3. NAME OF DECEASED a. (First) ADA b. (Middle) B. c. (Last) SLENKER	4. DATE OF DEATH (Month) (Day) (Year) April 12 1957
---	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 9 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houswife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Cass Co Mo	12. CITIZENSHIP OF WHAT COUNTRY USA			

13a. FATHER'S NAME James M. Bunnett	13b. MOTHER'S MAIDEN NAME Louisa Brooks	14. NAME OF HUSBAND OR WIFE Henry K. Slenker
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME HENRY K. SLENKER	ADDRESS Harrisonville 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 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC INTERSTITIAL NEPHRITIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIAL HYPERTENSION DUE TO (c) SENILITY		
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 592X	20. AUTOPSY? 2 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)
--	--	---

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 **MCH - 1955**, to **4-12**, 1957, that I last saw the deceased alive on **4-11**, 1957, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

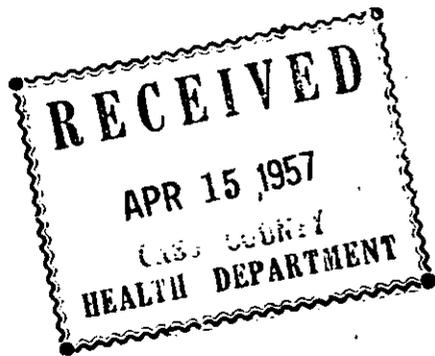
23a. SIGNATURE David S. Long, M.D. (Degree or title)	23b. ADDRESS Harrisonville Mo	23c. DATE SIGNED 4-12-57
---	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE April 14 1957	24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery Harrisonville Mo	24d. LOCATION (City, town, or county) (State) Mo
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. April 14 1957	REGISTRAR'S SIGNATURE Dora Barnard	25. FUNERAL DIRECTOR'S SIGNATURE Opemungus Harrisonville Mo	ADDRESS
---	---	--	---------

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

457
8 April 14 1957



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 R. Phillips

Licensed Embalmer No.....*4641*

P. O. Address.....*Harrisonville,*

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.