

FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 023359
State File No.

BIRTH NO.		REG. DIST. NO. <u>378</u>	PRIMARY REG. DIST. NO. <u>4552</u>	Registrar's No. <u>20</u>
1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mountain Grove</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain Grove</u>		
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>317 Elm Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>317 Elm Street</u>		114/0		
3. NAME OF DECEASED a. (First) <u>Matilda</u>		b. (Middle) <u>-----</u>		c. (Last) <u>Sluder</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>May 15, 1957</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>December 19, 1872</u>
9. AGE (In years last birthday) <u>84</u>		10. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Douglas County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Sutherland</u>		
13b. MOTHER'S MAIDEN NAME <u>Pheba Ann Stump</u>		14. NAME OF HUSBAND OR WIFE <u>George Sluder</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>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ora Woods, Mtn Grove, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> 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? <u>2</u> 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) <u>Mountain Grove, Wright, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>4-30, 1957</u> , to <u>5-14, 1957</u> , that I last saw the deceased alive on <u>5-14, 1957</u> , and that death occurred at <u>8:15 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. A. Craig, D.O.</u>		23b. ADDRESS <u>Mountain Grove Mo</u>		23c. DATE SIGNED <u>5-20-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 17, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clifty Hall Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Mountain Grove, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson, Mtn Grove, Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-13-57</u>		REGISTRAR'S SIGNATURE <u>A. B. Ames</u>		ADDRESS

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

344

Light

Mount

Light

Grove

Light

Grove

Street

Street

May 15, 1929

Light

Light

Light

Light

Light

Light

Light

Light

Light

No

RECEIVED
 WRIGHT CO. HEALTH DEPT.
 6-12-29
 6-15-29
 6-17-29

Date Filed
 County File Number
 County

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 _____
Student Embalmer

Signed *George Stapp*

Licensed Embalmer No. *3161*

P. O. Address *Mt. Zion, Mo*

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 this body is not embalmed, fact should be so stated above.