FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31081
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 424

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau 0 — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Francis Hosp't — Length of stay in 1b: 12 yr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Cape Gir
c. CITY OR TOWN: Cape Girardeau 0164 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1528 Dunklin — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First John — Middle B — Last Slaner
4. DATE OF DEATH: Month Sept Day 19 Year 1957
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐
8. DATE OF BIRTH: Feb 24 1909
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 6 Days 25 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furniture Manufactur, Slaner Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Charles Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13. FATHER'S NAME: Vincent Slaner
14. MOTHER'S MAIDEN NAME: Francis Chalupa
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) unk — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493-03-4521
17. INFORMANT Address: Mrs Kathryn Slaner Cape Girardeau Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 162 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1-17-57, to 9-19-57 and last saw her/him alive on 9-19-57
Death occurred at 12 NOON m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold D Riding MD 0
22b. ADDRESS: Cape Girardeau, Mo.
22c. DATE SIGNED: 9-21-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept 23 1957
23c. NAME OF CEMETERY OR CREMATORY: St.Mary's
23d. LOCATION (City, town, or county) (State): Cape Girardeau Mo.

24. FUNERAL DIRECTOR ADDRESS: Brinkopf Howell Funeral Home — Neil H. Grossheider
25. DATE RECD. BY LOCAL REG.: 9-23-1957
26. REGISTRAR'S SIGNATURE: C. C. Summers

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 6 1958

Ridings

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Neil H. Grossheider

Licensed Embalmer No. 49

P. O. Address Cape Gira

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.