X
No. 300
10.48

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

FILED DEC 3 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41049

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Bedford Twp.
c. LENGTH OF STAY (in this place): 4 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lincoln Co. Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Columbia
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Amon
c. (Last): Slatten

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17, 1957.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 18, 1933
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Mo. University
11. BIRTHPLACE (City and State or Foreign Country): Bethany, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Amon Slatten
13b. MOTHER'S MAIDEN NAME: Ruth Flint
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Korea
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Amon Slatten, Bethany, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Profound Shock,

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Ruptured Spleen, Liver & Internal Injuries.
DUE TO (c) Automobile Traumatism.

INTERVAL BETWEEN ONSET AND DEATH: ???

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 [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #40
21c. (CITY, TOWN, OR TOWNSHIP) 042 **(COUNTY)** **(STATE)**: Wentzville St Charles Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Unknown m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Car he was driving left road & overturned, No other car involved.

22. *I hereby certify that I attended the deceased from* _____ *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* Nov. 17, *19* 57, *and that death occurred at* 7:45 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph L. Marsh CORONER
23b. ADDRESS: #51 Monroe Street, Troy, Mo.
23c. DATE SIGNED: 11/17/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/17/57
24c. NAME OF CEMETERY OR CREMATORY: Miriam Cemetery
24d. LOCATION (City, town, or county) (State): Bethany, Mo.

DATE REC'D BY LOCAL REG. NOV 29 1957
REGISTRAR'S SIGNATURE: Nell D. Schoenlein
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Haas Funeral Home, Bethany, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

550

DEC 4 1957

DEC 6 1957

MAR 14 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missour

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