

Health,
Welfare
Public
Service

300
1-56

ALL
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010722

STATE FILE NUMBER

FILED APR 3 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN South River Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN South River Twnsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 Mi. S. Palmyra		Length of stay in 1b 57 yrs.	d. STREET ADDRESS 8 mi. S. Palmyra		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Carrie Middle Slagle Last Taylor			4. DATE OF DEATH Month March Day 18 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5 Feb. 1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Illinois /	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Alexander Slagle			14. MOTHER'S MAIDEN NAME Anna Miller		
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 Mr. Kenneth Taylor, Rt. #2, Palmyra, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia					INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					491X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Astoria Sclerotic Varicella disease - Central thrombosis 10 yrs					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		2			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 March 4, 1958 to March 18, 1958 and last saw her alive on March 17, 1958 Death occurred at 1:20 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert J. Lanning MD (Degree or title)			22b. ADDRESS Hannibal, Mo.		22c. DATE SIGNED _____
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 20 March 1958		23c. NAME OF CEMETERY OR CREMATORY Big Creek Cemetery	
				23d. LOCATION (City, town, or county) (State) Renselear, Missouri	
24. FUNERAL DIRECTOR Leve's Brothers ADDRESS Palmyra, Mo.			25. DATE RECD. BY LOCAL REG. 3-25-1958		26. REGISTRAR'S SIGNATURE Dr. S. M. ...

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED APR 3 1958
MARION CO. HEALTH DEPT.
DATE FILED APR 3 1958

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 *George M. Lewis*.....

Licensed Embalmer No. 4851

P. O. Address Palmyra, M

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.