

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006617

STATE FILE NUMBER

95

FILED MAR 16 1959 Registration District No. 274 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Sedalia</u> <u>0800</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mi east R.F.D #2</u>		Length of stay in lb <u>27 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>R.F.D #2 5 mi east</u>
3. NAME OF DECEASED (Type or print) First <u>VINCENT</u> Middle <u>S</u> Last <u>SLATINSKY</u>			4. DATE OF DEATH Month <u>March</u> Day <u>12</u> Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 20 1894</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u> Hours <u>0</u> Min. <u>0</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Couch Carpenter</u>
11. KIND OF BUSINESS OR INDUSTRY <u>R.R. Shops</u>		12. BIRTHPLACE (City and state or country) <u>Hrotovice Czechoslovakia</u>	13. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Janda Slatinsky</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>702-16-1904</u>	17. INFORMANT Address <u>R.F.D #2</u> <u>Mrs Clara Slatinsky Sedalia</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>accidental death due to</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>firearms:</u> <u>9191</u> DUE TO (c) <u>43</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>accidentally shot self in abdomen</u>	
20c. TIME OF INJURY Hour <u>10:30</u> a.m. <u>3-12-59</u>		<u>while hunting</u> <u>132</u>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>about farm</u>	20f. CITY, TOWN, OR LOCATION <u>Sedalia</u>
21. I attended the deceased from <u>as coroner</u> and last saw her/him <u>at</u> Death occurred at <u>10:30 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22. ADDRESS <u>Corner, Pettis Co</u>	
22. SIGNATURE (Degree of title) <u>Chas Gordon Stauffer M.D.</u>		22c. DATE SIGNED <u>3-13-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-16-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	23d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
24. FUNERAL DIRECTOR <u>McLaughlin Bros Sedalia</u>		25. DATE RECD. BY LOCAL REG. <u>3-14-1959</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 19 1959

APR 7 1959

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 *K.P.M. Leary*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia*

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.