

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037371

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 340 Primary Registration District No. 6149 Registrar's No. 103

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 26 1962

VS 300
Rev. 4/59

10 30
2 10 30
3
4 0
5 1
6
7 0
8 2
9 15 1 X
10
11
12 90-2
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Lisbon		Length of stay in 1b 3 years	c. CITY OR TOWN Bloomfield
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R-1, Bloomfield, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R # 1
3. NAME OF DECEASED (Type or print) First William Middle Slemmer Last		4. DATE OF DEATH Month Sept. Day 12, Year 1962	
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-14-37
9. AGE (last birthday) 74		IF UNDER 1 YEAR Months 11 Hours 28	IF UNDER 24 HR Hours 28 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sawmill		10b. KIND OF BUSINESS OR INDUSTRY Timber	11. BIRTHPLACE (City and state or country) Bollinger Co., Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Andrew Slemmer	
13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Mary Roach Slemmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Walter Slemmer, Jackson, 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) Transition and debilitation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma stomach DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 1-2 months 3-6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ a.m. _____ p.m. Month, Day, Year _____	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 10-27-61 to 9-12-62 and last saw him alive on 9-12-62 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James Freitas, DO.</i> (Degree or title)		22b. ADDRESS Bloomfield, Missouri	22c. DATE SIGNED 9-13-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-15-62	23c. NAME OF CEMETERY OR CREMATORY Gravel Hill Cemetery	23d. LOCATION (City, town, or county) (State) Stoddard Co., Mo.
24. FUNERAL DIRECTOR Wm. H. Morgan, Advance, Mo.		25. DATE RECD. BY LOCAL REG. 9-13-62	26. REGISTRAR'S SIGNATURE <i>Velma J. Jenkins</i>

OCT 10 1962

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 W^m. H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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