

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0000107
0006167
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 647 Primary Registration District No. 4235 Registrar's No. 28

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Annapolis</u>		Length of stay in 1b <u>life</u>	c. CITY OR TOWN <u>Annapolis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>DAVID</u> Middle Last <u>SLUSHER</u>			4. DATE OF DEATH Month <u>February</u> Day <u>18</u> Year <u>1964</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>9/21/1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. State Highway</u>	9. AGE (last birthday) <u>65</u>
13a. FATHER'S NAME <u>Monroe Slusher</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Hale</u>	11. BIRTHPLACE (City and state or country) <u>Sabula, Missouri</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>		14. NAME OF HUSBAND OR WIFE <u>Macey Lewis Slusher</u>	
17. INFORMANT <u>Macey Slusher, Annapolis, Mo.</u>		Address	
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>Anoxemia</u> DUE TO (b) <u>emaciation</u> DUE TO (c) <u>pulmonary tumor</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			12. CITIZEN OF WHAT COUNTRY <u>USA</u> INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>10.00</u> a.m. p.m.	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 <u>Centerville, Mo.</u>
21. I attended the deceased from <u>10-15-60</u> to <u>2-18-64</u> and last saw <u>her</u> alive on <u>2-18-64</u> Death occurred at <u>10.00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		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	
22a. SIGNATURE <u>Glenn Newman, D.O.</u> (Degree or title)		22b. ADDRESS <u>Centerville, Mo.</u>	22c. DATE SIGNED <u>2-25-64</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>2/21/1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Annapolis Cemetery</u>	23d. LOCATION (City, town, or county) <u>Annapolis, Missouri</u>
24. FUNERAL DIRECTOR <u>White Funeral Home, Ironton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-26-64</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Lois Jones</u>

USE BLACK INK OR TYPEWRITER RIBBON