

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0000197

0006167

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

MRF I LED02 644

Registration District No.

Primary Registration District No.

4235

Registrar's No.

28

VS 300
Rev. 4/591 0470
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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Iron			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Iron		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Annapolis			c. CITY OR TOWN Annapolis		
Length of stay in 1b life			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If outside, give location)		
3. NAME OF DECEASED (Type or print) First DAVID Middle SLUSHER			4. DATE OF DEATH February 18, 1964		
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 9/21/1898	9. AGE (last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maintenance			10b. KIND OF BUSINESS OR INDUSTRY Mo. State Highway		
10b. KIND OF BUSINESS OR INDUSTRY Mo. State Highway			11. BIRTHPLACE (City and state or country) Sabula, Missouri		
13a. FATHER'S NAME Monroe Slusher			13b. MOTHER'S MAIDEN NAME Minerva Hale		
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. 17. INFORMANT Address Macey Slusher, Annapolis, 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) Anoxemia			INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) emaciation		
			DUE TO (c) pulmonary tumor		
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. 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 Month, Day, Year 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 COUNTY STATE	
21. I attended the deceased from 10-15-60 to 2-18-61 and last saw him alive on 2-18-61 Death occurred at 10.00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title)		22b. ADDRESS		22c. DATE SIGNED	
22a. SIGNATURE (Degree or title)		22b. ADDRESS		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2/21/1964	23c. NAME OF CEMETERY OR CREMATORIAL Annapolis Cemetery	23d. LOCATION (City, town, or county) (State) Annapolis, Missouri	
24. FUNERAL DIRECTOR White Funeral Home, Ironton, Mo.		25. DATE RECD. BY LOCAL REG. 2-26-64		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)