

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 504

Primary Registration District No. 4307

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Purdin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XXXXXXXXXXXX
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 2 10 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Purdin
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Luther Perry Sallee

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Sallee 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 10, 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>10</u>	<u>27</u>	hr. min.

9. Birthplace Meadville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business XXXXXXXXXXXX

MOTHER FATHER { 12. Name Willis Sallee

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Howell

15. Birthplace Linn County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. P. Sallee
(b) Address Meadville, Missouri

17. (a) Burial (b) Date thereof 3/10/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ogan Cemetery

18. (a) Signature of funeral director Thorne Lusk, Co.
(b) Address Linneus, Missouri 453

19. (a) 3-13-40 (b) U C Dryden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1940 hour 11 minute 00 a. m.

21. I hereby certify that I attended the deceased from May 1-1928
to Mar. 7, 1940
that I last saw him alive on March 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Chronic arterial hypertension

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Sallie H. Hooper (M. or other) 20
Address Purdin, Mo. Date signed 3/9

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FORM 51-1739
1 X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 11,
District File Number 440-3558
Date Filed APR 12 1948

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Barbara Taylor*

Licensed Embalmer No. 3761

P. O. Address Linneus, 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 this body is not embalmed, above space should be left blank.