

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12129**

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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5459 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Center Sign</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Center 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bois Dore, Mo Rt 1</u>		d. STREET ADDRESS (If rural, give location) <u>Bois Dore Mo. Rt 1 0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Salts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 16 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>October 3, 1860</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Greene Co. Mo. 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>William S. HAYNIE</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Lane</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK Salts</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr Leonard Bean Bois Dore #1</u>		ADDRESS <u></u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronatory collapse</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congestive heart failure</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4341</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1945</u> , to <u>April 16, 1949</u> , that I last saw the deceased alive on <u>4-16-1949</u> , and that death occurred at <u>9:45 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Type and title) <u>Robert C. Mitchell M.D.</u>		23b. ADDRESS <u>Republic, Mo.</u>	
23c. DATE SIGNED <u>4/17/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>4-18-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Clegg Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mar Bois Dore Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/22/49</u>		REGISTRAR'S SIGNATURE <u>Drew R. Wilson 104</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene A. Binnick</u>		ADDRESS <u>Bronx Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 49-32-4
Date Filed 4-26-49

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
Student Embalmer

Signed *Warren Robert*

Licensed Embalmer No. *4005*

P. O. Address *Asht Grove m*

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, fact should be so stated above.