

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16426

State File No.

BIRTH MO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5622 Registrar's No. 29

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

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u> <u>5-2</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Myrtle Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Myrtle Township</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>80 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Myrtle Township</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Knox City Mo</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Willis</u>	b. (Middle) <u>Blanton</u>	c. (Last) <u>Sale</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>May</u> <u>9</u> <u>1949</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>Jan 7 1889</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR <u>4</u> Months <u>2</u> Days	IF UNDER 4 HRS. <u>0</u> Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Knox Co. Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Willis Blanton Sale</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Robinson</u>	14. NAME OF HUSBAND OR WIFE <u>Ada Flo Sale</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gussie Fiscus Kansas City Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mitral stenosis regurgitation</u> ? DUE TO (c) <u>Arteriosclerotic Cardio-vascular disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>410X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 1, 1949, to May 9, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David M. Ponce M.D.</u>	23b. ADDRESS <u>La Belle, Mo</u>	23c. DATE SIGNED <u>5/10/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 11 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knox City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Knox City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May-13-1949</u>	REGISTRAR'S SIGNATURE <u>Full. S. Humalt</u> <u>151</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Auger & Walter Knox City Mo</u>
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MAY 24 1949

RECEIVED

District Health Officer N

District File Number 549

Date Filed MAY 23 1949

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.

Signed Fred Wolter

Signed _____
Student Embalmer

Licensed Embalmer No. 684

P. O. Address West City, 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, fact should be so stated above.