

FILED JUN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17149

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 228 Registrar's No. 228

495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (in this place) 38 Yrs		d. STREET ADDRESS (If rural, give location) 901 West 5th Street	
3. NAME OF DECEASED (Type or Print) a. (First) Kate b. (Middle) SALLER c. (Last) SALLER			
4. DATE OF DEATH (Month) (Day) (Year) June 4, 1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH August 9, 1882
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 9	IF UNDER 4 Wks. Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Peru, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Henry Saller		13b. MOTHER'S MAIDEN NAME Caroline Snyder	
14. NAME OF HUSBAND OR WIFE			
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. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS W.H. Saller 901 West 5th Joplin, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Vessel Disease DUE TO (c) Diabetic Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Feb 1949, to June 4, 1950, that I last saw the deceased alive on June 4, 1950, and that death occurred at 1:00 P.M., from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS [Address]	
23c. DATE SIGNED 6-5-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-5-50	
24c. NAME OF CEMETERY OR CREMATORY Brookman Funeral Home		24d. LOCATION (City, town, or county) (State) Peru, Indiana	
DATE REC'D BY LOCAL REG. 6-5-50		REGISTRAR'S SIGNATURE [Signature]	
FURNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Thornhill-Dillon Mort. Joplin, Mo.	

RECEIVED 6-12-50
Jasper County Health Office

County File Number 50-6-164

Date Filed 6-12-50

AUG 23 1962

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:

William E. Hester

Licensed Embalmer No. 4770

P. O. Address Joplin 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.