

FILED AUG 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24086

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Eldon</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Eldon RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SCHNEIDER NURSING HOME</u>		d. STREET ADDRESS (If rural, give location) <u>FRANKLIN TOWNSHIP</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JERUSA</u> b. (Middle) <u>CALDONA</u> c. (Last) <u>SALTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JAN. 9. 1877</u>		9. AGE (In years last birthday) <u>73</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>BAGNELL, MISSOURI</u>	

13a. FATHER'S NAME <u>JAS. HENRY WOOD</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZEBETH BROWN</u>		14. NAME OF HUSBAND OR WIFE <u>B.D. SALTER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>B.D. Salter</u> ADDRESS <u>Eldon</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Ch. congestive heart failure</u> ANTECEDENT CAUSES <u>Diabetes Mell.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Joint</u>			INTERVAL BETWEEN ONSET AND DEATH  <u>260X</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)		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 Mar 1950, to July 18 1950, that I last saw the deceased alive on July 11 1950, and that death occurred at 12:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Shuman MD</u> (Degree or title)		23b. ADDRESS <u>Eldon Mo</u>		23c. DATE SIGNED <u>July 18 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 19, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>		24d. LOCATION (City, town, or county) (State) <u>Eldon Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>July 18, 1950</u>		REGISTRAR'S SIGNATURE <u>Florence M. Stevens</u> <u>1950</u> <u>Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u> ADDRESS <u>Eldon</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

JUL 26 1950

MILLER COUNTY HEALTH  
DEPARTMENT

OCT 8 1950

AUG 8 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Bedford*

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.