

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1478

State File No. 278

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo. b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 16 da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden		1510	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside				d. STREET ADDRESS (If rural, give location) North Lexington			
3. NAME OF DECEASED a. (First) Eliza			b. (Middle) Abbigale		c. (Last) Saling		4. DATE OF DEATH (Month) (Day) (Year) Jan. 16 1952
5. SEX F	6. COLOR OR RACE W	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 13 1892		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Kingsville mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James H. Williams		13b. MOTHER'S MAIDEN NAME Anna K. Paul		14. NAME OF HUSBAND OR WIFE Homer Saling Husband			
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 AND ADDRESS Miss Ruby A. Hedges 8606 Woodland 5 E 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) US sanguinative ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of stomach DUE TO (c) Carcinoma of pancreas II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 days 7 yrs 151	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (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 12-28, 1951, to 1-16, 1952 that I last saw the deceased alive on 1-16, 1952, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE L. J. Graham (Degree or title)				23b. ADDRESS 418 B - young & Elder		23c. DATE SIGNED 1/16/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-18-1952	24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery		24d. LOCATION (City, town, or county) (State) Holden, Missouri		
DATE REC'D BY LOCAL REG. 1-18-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS EBCast, Holden, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *EB Cast*.....

Licensed Embalmer No. *4059*.....

P. O. Address *Golden, 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.