

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>815 Cherry</u>		d. STREET ADDRESS (If rural, give location) <u>815 Cherry</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>Francis</u> c. (Last) <u>Saale</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 12, 1869</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant (Ret.) Confectionary Store</u>	11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant (Ret.) Confectionary Store</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chillicothe, Mo.</u>	
11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Adam Saale</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Saale</u>	
14. NAME OF HUSBAND OR WIFE <u>Agatha</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>Leo Saale, Chillicothe, Mo.</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>Empyema - Terminal Bronch</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES <u>Parkinson Disease</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>6 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>350X</u>	
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"/>	
22. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1947</u> , to <u>Jan 26, 1952</u> , that I last saw the deceased alive on <u>Jan 25, 1952</u> , and that death occurred at <u>6 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo</u>	
23c. DATE SIGNED <u>Jan 29-52</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>	
23e. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23f. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>	
23g. DATE REC'D BY LOCAL REG. <u>Jan 29/52</u>		23h. REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>	
23i. FUNERAL DIRECTOR'S SIGNATURE <u>Donald Gordon</u>		23j. ADDRESS <u>Chillicothe, Mo</u>	

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

Chillicothe

592

2014 3/15/14

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 Ronald Goddard.....

Licensed Embalmer No. 4191.....

P. O. Address Chillicothe, 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.