

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13723

State File No. ....

FILED MAY 7- 1952/

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 262 PRIMARY REG. DIST. NO. 6291 Registrar's No. 2

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

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Longrun, R, Longrun</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Longrun, R, Longrun</u> <u>0770</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>5</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u>	b. (Middle) <u>Sherman</u>	c. (Last) <u>Sallee</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-23-52</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-3-81</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pondfork, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Levi Sallee</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Griffis</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Sallee</u>
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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>493-14-0946</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Troy Sallee Longrun, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Coronary Disease</u> DUE TO (c) <u>Chronic Myocarditis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Rheumatoid Arthritis</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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) (Min.)	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 3-29-1952 to 4-23-1952 that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 12:20A m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. C. Gearty M.D.</u> (Degree or title)	23b. ADDRESS <u>Ava, Mo</u>	23c. DATE SIGNED <u>4-23-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hicks</u>	24d. LOCATION (City, town, or county) (State) <u>Longrun, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-1-52</u>	REGISTRAR'S SIGNATURE <u>Mae Johnson</u> <u>243</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Linkingbeard Funeral Home, Ava, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

**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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.