

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 27411

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 284

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>2 dy</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jimmie</u> b. (Middle) <u>Dale</u> c. (Last) <u>Saulsbury</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	
8. DATE OF BIRTH <u>July 5 1945</u>		9. AGE (In years last birthday) <u>7</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Rstel Saulsbury</u>		13b. MOTHER'S MAIDEN NAME <u>Pansy Shryock</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>Child</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rstel Saulsbury, Sikeston Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Child</u>		19. SOCIAL SECURITY NO. <u>Child</u>		20. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Child</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bulbar Polio complete</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.					

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.) <u>Cape Girardeau, Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau, Mo</u>	
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 Aug 24, 1952 to Aug 28, 1952, that I last saw the deceased alive on Aug 28, 1952, and that death occurred at 6 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or Title) <u>Chas. J. Oberhelmer M.D.</u>		23b. ADDRESS <u>Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>9/4/52</u>	
--	--	--	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 31, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dogwood</u>	
24d. LOCATION (City, town, or county) (State) <u>Bertrand, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>9-8-52</u>		REGISTRAR'S SIGNATURE <u>C. V. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orville Laylor</u>	
				ADDRESS <u>Sikeston Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

164
0

JAN 8 1953

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 J. Elgin McMillan
Licensed Embalmer No. 4695
P. O. Address E. Prairie 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.