

FILED APR 11 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13084

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 6269 Registrar's No. 2930

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY OR TOWN <u>RURAL OZARK</u>	c. LENGTH OF STAY (in this place) <u>18 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL OZARK</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1120</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>ALICE</u> c. (Last) <u>SALHÉE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR 4 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 22 1884</u>	9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>13</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MARSHFIELD MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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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 (City and State or Foreign Country) <u>MARSHFIELD MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>A. J. DENNIS</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH SHIELDS</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM SALHÉE</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM SALHÉE</u>	ADDRESS <u>MARSHFIELD</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>23 hours</u>
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Myocardial Weakness</u>		<u>3-4 yrs</u>
DUE TO (c) <u>Coronary Insufficiency</u>		<u>3-4 yrs</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Tuberculosis, arrested</u>		<u>2 yrs</u>	
<u>Rheu. Arthritis</u>		<u>2 yrs</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 Dec, 1952, to April 4, 1953, that I last saw the deceased alive on April 3, 1953, and that death occurred at 4⁰⁰ A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas M. Macdonnell MD</u> (Degree or title)	23b. ADDRESS <u>Marshfield, Missouri</u>	23c. DATE SIGNED <u>4/6/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-6-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT SINAI</u>	24d. LOCATION (City, town, or county) (State) <u>WEBSTER CO MO</u>
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DATE REC'D BY LOCAL REG. <u>4-9-53</u>	REGISTRAR'S SIGNATURE <u>J. Franer</u> 392	25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER-BARTO</u>	ADDRESS <u>MARSHFIELD</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11170
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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 _____

R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Intn. Home

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.