

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33631

State File No. _____
REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 929-B

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION (Residence) 929 East Garfield		d. STREET ADDRESS (If rural, give location) 929 East Garfield	
3. NAME OF DECEASED (Type or Print) a. (First) FRED		b. (Middle) ORVILLE	
		c. (Last) SALLEE	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 6 1954		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 10, 1882		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Shell Oil Co.	
11. BIRTHPLACE (State or foreign country) Pleasant Hope, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Oliver P. Sallee		13b. MOTHER'S MAIDEN NAME Nancy Ellen Ethridge	
		14. NAME OF HUSBAND OR WIFE Clara Sallee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 487-10-6135	
17. INFORMANT'S SIGNATURE OR NAME Clara Sallee		ADDRESS 929 E. Garfield	
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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic carcinoma</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of colon (hepatic flexure)</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X	
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)		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 <u>11-6-50</u> , 19 <u>50</u> , to <u>10-6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-5</u> , 19 <u>54</u> , and that death occurred at <u>6:25A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Howard E. Marshall, M.D.		23b. ADDRESS Professional Bldg.	
		23c. DATE SIGNED 10-8-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 8, 1954	
24c. NAME OF CEMETERY OR CREMATORY Red Top Cemetery		24d. LOCATION (City, town, or county) (State) Red Top, Missouri	
DATE REC'D BY LOCAL REG. 10-13-54		REGISTRAR'S SIGNATURE Edith Williamson	
		25. FUNERAL DIRECTOR'S SIGNATURE Ernie Daniel Hobbs ADDRESS 3000 - Mo.	

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
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.