

FILED JUN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16278

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) Waynesville		c. LENGTH OF STAY (In this place) 1 month	
c. CITY (If outside corporate limits, write RURAL and give township) Crocker		d. STREET ADDRESS (If rural, give location) 2850	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Fannie		b. (Middle) Salveter	
c. (Last) Salveter		4. DATE OF DEATH (Month) (Day) (Year) May 24, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 11, 1877
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Crocker, Missouri
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME L.A. Claiborn		13b. MOTHER'S MAIDEN NAME Jane Huffman	
14. NAME OF HUSBAND OR WIFE William T. Salveter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS D.D. Salveter Crocker, Mo.	
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* Pneumonia Terminal ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fracture DUE TO (c) arterial sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychoneurosis	
INTERVAL BETWEEN ONSET AND DEATH 4 days		20. AUTOPSY? no	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 4500.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 24, 1955 , to May 24, 1955 , that I last saw the deceased alive on May 22, 1955 , and that death occurred at 8:15 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. M. Mallett M.D.		23b. ADDRESS Crocker Mo.	
23c. DATE SIGNED 5-24-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5/26/55		24c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery	
24d. LOCATION (City, town, or county) (State) Crocker, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 458 - 25 Clara M. Anderson Walter P. Hedger Crocker, Mo.	
DATE REC'D BY LOCAL REG. 5-25-55		REGISTRAR'S SIGNATURE Clara M. Anderson	

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

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 5-31-55
File Number _____

Pulaski County Health Officer

RECEIVED
5-25-55

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 _____

Walter P. Kasper
Licensed Embalmer No. 4265

P. O. Address Shreve, 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.