FILED AUG 10 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23183

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 230

1. PLACE OF DEATH
a. COUNTY Cole.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hosp. — Length of stay in 1b 30 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Crocker, Missouri — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) None. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MAUD Middle Evelyn Last SALVETER

4. DATE OF DEATH Month Aug Day 4 Year 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Sept. 8, 1901

9. AGE (In years last birthday) 54 — IF UNDER 1 YEAR Months 10 Days 26 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework.

10b. KIND OF BUSINESS OR INDUSTRY None.

11. BIRTHPLACE (City and state or country) Crocker, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William T. Salveter

14. MOTHER'S MAIDEN NAME Fannie H. Claibern

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Address Mrs. Ralph Mesley Crocker, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMATOSIS (PRIMARY STOMACH OR PANCREAS) — INTERVAL BETWEEN ONSET AND DEATH UNKNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1998

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7/5/56, to 8/4/56 and last saw her/him alive on 8/3/56
Death occurred at 5:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. Shon (Degree or title) M.D.

22b. ADDRESS 503 E. High St.

22c. DATE SIGNED 8/4/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8/5/56

23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial

23d. LOCATION (City, town, or county) (State) Crocker, Missouri

24. FUNERAL DIRECTOR Hodges Funeral Home — ADDRESS Crocker, Mo

25. DATE RECD. BY LOCAL REG. 6 Aug 1956

26. REGISTRAR'S SIGNATURE R. P. Dorris MD — M.R.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner, Coroner, etc. must use only [illegible] in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

AUG 1 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Rose

Licensed Embalmer No. 48

P. O. Address Waymsv

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.