

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36741**

FILED NOV 14 1956

BIRTH NO. _____ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **3075** Registrar's No. **99**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Dexter
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 1403 East Elk	

3. NAME OF DECEASED (Type or Print) a. (First) Ollie b. (Middle) Dine c. (Last) Saltzman			4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 4, 1868	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR: Days 0 Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired House-keeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) New Harmony, Ind.		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME James Wesley Perkins		13b. MOTHER'S MAIDEN NAME Mary Ann York		14. NAME OF HUSBAND OR WIFE Henry Saltzman (Dec'd)	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hiram Allstun, Dexter, 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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		
	ANTECEDENT CAUSES DUE TO (b) Fracture of Femur Bone in right hip joint, plus her age. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility.		

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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 103	

22. I hereby certify that I attended the deceased from **Oct. 16th, 1956** to **Nov. 4th, 1956**, that I last saw the deceased alive on **Nov. 3rd, 1956**, and that death occurred at **9:25 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. Cannon M.D.	23b. ADDRESS Dexter, Mo.	23c. DATE SIGNED Nov. 8, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-6-56	24c. NAME OF CEMETERY OR CREMATORY Hagy	24d. LOCATION (City, town, or county) (State) R.F.D. Dexter, Missouri
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DATE REC'D BY LOCAL REG. 11-9-56	REGISTRAR'S SIGNATURE Delma V. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lucille Perry*.....

Licensed Embalmer No. *498*.....

P. O. Address *Dexter*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.