

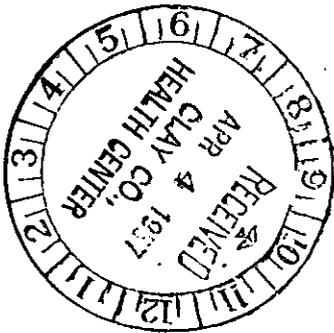
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8001

State File No. ....

FILED APR 8 - 1957

BIRTH NO. ....		REG. DIST. NO. <u>91</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Clay</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>2 wks</u>		c. CITY OR TOWN <u>Excelsior Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>		STREET ADDRESS <u>Rural Route #2, Ex. Sprs., Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>ANNA</u>		b. (Middle) <u>BARTLEY</u>		c. (Last) <u>SALER</u>		6. DATE OF BIRTH <u>Dec. 4, 1886</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. AGE (In years last birthday) <u>70</u>		9. IF UNDER 1 YEAR Months Days		10. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Bartley</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Saler</u>			
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. <u>600-20-9176</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Saler, Rt. #2, Ex. Springs, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		II. OTHER SIGNIFICANT CONDITIONS				Interval between onset and death <u>instant</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) <u>previous cerebral hemorrhage 6 mos.</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Hypertension; arteriosclerosis years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>3/12</u> , 19 <u>57</u> , to <u>3/27</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3/27</u> , 19 <u>57</u> , and that death occurred at <u>11:50 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) <u>M. C. Orsborn M.D.</u>		23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>3/31/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-29-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/31/57</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pinchard Funeral Home, Inc. Excelsior Springs, Missouri</u>			



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 .....  
Signature of Student Embalmer

Signed *Lucille J. ...*

Licensed Embalmer No. *4589*  
P. O. Address *Excelsior Springs*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.