

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28983**

FILED SEP 12 1957

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

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 153	
1. PLACE OF DEATH a. COUNTY PHLEPS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CRAWFORD			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROLLA		c. LENGTH OF STAY (In this place) 12 HRS.		c. CITY OR TOWN STEELEVILLE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFARLAND NURSING HOME				e. STREET ADDRESS (If rural, give location) 0280			
3. NAME OF DECEASED (Type or Print) b. (First) MINNIE c. (Last) SALTSMAN			4. DATE OF DEATH (Month) (Day) (Year) AUG. 23-1957				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JUNE 4-1883		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL TEACHER		11. BIRTHPLACE (City and State or Foreign Country) BERRYMAN, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME DANIEL SALTSMAN		13b. MOTHER'S MAIDEN NAME ANNIS METCALF		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME EDWIN SALTSMAN ADDRESS STEELEVILLE, 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* (a) Senility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular-renal disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blind for several years.				INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 2 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 _____, 1955 to Aug 20, 1957, that I last saw the deceased alive on Aug 20, 1957, and that death occurred at 5:30 p. m., from the causes and on the date stated above.							
23a. SIGNATURE Edwin Saltsman (Degree or title) DO				23b. ADDRESS Steeleville Mo		23c. DATE SIGNED 9/2/57	
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-25-1957	24c. NAME OF CEMETERY OR CREMATORY BERRYMAN CEMETERY		24d. LOCATION (City, town, or county) (State) BERRYMAN, Mo.		
DATE REC'D BY LOCAL REG. Sept. 3, 1957		REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE Thomas S. Hubert ADDRESS STEELEVILLE, Mo.			

RECEIVED

Phelps County Health Officer,

County File Number 812

Date Filed 9-11-57

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

Thomas S. Helbert

Licensed Embalmer No. 433

P. O. Address Stelville

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.