

Health,
Welfare
Public
Service

FILED MAR 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010795

STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 22

100
-57

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>OSAGE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>VERSAILLES 071</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>20 M-S. VERS.</u>		Length of stay in 1b <u>2 1/2 YRS</u>	d. STREET ADDRESS (If outside, give location) <u>20 M-S. VERS.</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>RAY</u> Middle <u>E.</u> Last <u>SALYARS</u>			4. DATE OF DEATH Month <u>MAR.</u> Day <u>17</u> Year <u>1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 10, 1885</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years IF UNDER 1 YEAR; IF UNDER 24 HRS. last birthday) Months Days Hours Min. <u>73 YRS</u>	11. BIRTHPLACE (City and state or country) <u>CENTERVILLE, IOWA</u>
13a. FATHER'S NAME <u>W^M SALYARS</u>		13b. MOTHER'S MAIDEN NAME <u>ALMIRA PHILLIPS</u>	14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT <u>W. H. EVANS</u> Address <u>VERSAILLES, MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
DUE TO (b) <u>Arterio Sclerosis</u>		
DUE TO (c) _____		4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>2</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 7:30 p. to 9 p. and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

21. SIGNATURE (Degree or title) <u>J. L. Washburn (Local Registrar)</u>	22b. ADDRESS <u>Versailles, Mo.</u>	22c. DATE SIGNED <u>3/18/58</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>20 MAR. 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LAUREL OAK CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>WINDSOR MO.</u>
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24. FUNERAL DIRECTOR <u>W. F. KIDWELL</u>	ADDRESS <u>VERSAILLES MO.</u>	25. DATE RECD. BY LOCAL REG. <u>3/18/58</u>	26. REGISTRAR'S SIGNATURE <u>J. L. Wash</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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APR 2
1958

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 *Raymond Lasher*

Licensed Embalmer No. *4626*

P. O. Address *Vermont*

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.