

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-017063
 State File No.

FILED APR 21 1958

BIRTH NO. _____ REG. DIST. NO. 38-1 PRIMARY REG. DIST. NO. 4515 Registrar's No. 62

1050

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

1. PLACE OF DEATH a. COUNTY SULLIVAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SULLIVAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILAN,		c. CITY OR TOWN MILAN 1050	
c. LENGTH OF STAY (in this place) 3 days		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 SULLIVAN CO. MEMORIAL STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) DAVID		b. (Middle) LINCOLN	
		c. (Last) SAULSBURY	
4. DATE OF DEATH (Month) (Day) (Year) 4 - 13 - 1958			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 10-31-1864
9. AGE (In years less birthday) 93		IF UNDER 1 YEAR Months 5 Days 13	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	
11. BIRTHPLACE (City and State or Foreign Country) Appanose County - Ia.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME VanBuren Saulsbury		13b. MOTHER'S MAIDEN NAME Surilda LaMarr	
14. NAME OF HUSBAND OR WIFE Sarah Francis Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Surilda Ganzhorn Milan, Missouri			
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) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. gangrene of left great toe	
		INTERVAL BETWEEN ONSET AND DEATH 18 mo 20 years	
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) 4200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 1-15- , 1957 , to 4-13 , 1958 , that I last saw the deceased alive on 4-13- , 1958 , and that death occurred at 11:55 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) V. J. Robinson		23b. ADDRESS W. O. 2	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4/16/58	
24c. NAME OF CEMETERY OR CREMATORY Oakwood Cem		24d. LOCATION (City, town, or county) (State) Milan Mo	
DATE REC'D BY LOCAL REG. 4-19-58		REGISTRAR'S SIGNATURE Mrs. W. W. Beckett	
25. FUNERAL DIRECTOR'S SIGNATURE Schoen		ADDRESS Milan Mo	

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.....
Dwight Schocue

Licensed Embalmer No. *2667*

P. O. Address *Milwaukee Wis*

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.