

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037004
STATE FILE NUMBER

FILED NOV 7 1958 Registration District No. 177 Primary Registration District No. 5649 Registrar's No. 150

S. 300
-1-57

3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Barry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Barry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Piece</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Purdy</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Hi Way 97 1/2 South at Piece City</i>		Length of stay in 1b <i>00</i> ^d	d. STREET ADDRESS (If outside, give location) <i>Purdy, Mo.</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Arthur John Saloga</i>			4. DATE OF DEATH Month Day Year <i>Oct. 28-1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 8-1907</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	9. AGE (In years last birthday) <i>51</i> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <i>Purdy, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Rudolph Saloga</i>		13b. MOTHER'S MAIDEN NAME <i>Alvina Faulstich</i>	14. NAME OF HUSBAND OR WIFE <i>Bonnie Saloga</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>491-42-7571</i>	17. INFORMANT Address <i>Mrs Bonnie Saloga, Purdy, Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Severe crushing type injuries to head and neck</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>Sudden (30 minutes)</i>
20a. ACCIDENT <input checked="" 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.) <i>Truck, which he was driving, overturned</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>6:30 p.m. 10-28-58</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Country Road</i>	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>6 miles Southeast Barry Mo</i>	
21. I attended the deceased from <i>10-21-58</i> to <i>10-28-58</i> and last saw him live on <i>10-28-58</i> Death occurred <i>Approx 7:00 p</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>F. S. Edwards MD</i> (Degree or title)		22b. ADDRESS <i>Monett, Mo</i>	22c. DATE SIGNED <i>10-29-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Oct. 31-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Johns Lutheran Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>S.W. of Monett Mo.</i>
24. FUNERAL DIRECTOR <i>Beane & Harrington</i>		25. DATE RECD. BY LOCAL REG. <i>11-1-58</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. P. N. Cook</i>

(Licensed Embalmer's Statement on Reverse Side)

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 *Horace Bennett*

Licensed Embalmer No. 4243
P. O. Address Monett, Mo

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.