ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020779
STATE FILE NUMBER

AMENDED

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 91

FILED JUL 6 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville — Length of stay in 1b 80 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home 304 Morgan St. — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cooper
c. CITY OR TOWN Boonville — Inside Limits Yes X No ☐
d. STREET ADDRESS 304 Morgan St. (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Naomi — Middle Lankford — Last Saulmon.
4. DATE OF DEATH: Month June — Day 23 — Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH March 25, 1870
9. AGE (last birthday) 91 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houseiwfe.
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Kentucky
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Chas. W. Lankford
13b. MOTHER'S MAIDEN NAME Nancy Gerhardt.
14. NAME OF HUSBAND OR WIFE Wm. Saulmon.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. ------
17. INFORMANT Address Mrs. Minnie Shannon, Boonville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Senile myocarditis	unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	arteriosclerosis	unknown
DUE TO (c)	carcinoma breast	unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 May 21-61, to June 21-61 and last saw her alive on June 21-1961
Death occurred at 2 45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) D. L. Chamberlain MD
22b. ADDRESS Boonville Mo
22c. DATE SIGNED 6-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 26, 1961
23c. NAME OF CEMETERY OR CREMATORY Walnut Grove
23d. LOCATION (City, town, or county) (State) Boonville, Mo.

24. FUNERAL DIRECTOR Goodman & Boller — ADDRESS Boonville, Mo.
25. DATE RECD. BY LOCAL REG. 6/26/61
26. REGISTRAR'S SIGNATURE D. E. Hooper

(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_____ Signed William W. Wood

Signature of Student Embalmer

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.