No. 300
10.48

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

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 135

BIRTH NO. _____ REG. DIST. NO. 321 PRIMARY REG. DIST. NO. 5111 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Bollinger
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Hahn Liberty
c. LENGTH OF STAY (in this place): 3 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shehh's Aged Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee
d. STREET ADDRESS (If rural, give location): Frisco St.

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Eli
c. (Last): Salthouse

4. DATE OF DEATH (Month): Feb (Day): 2 (Year): 1949

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 8 1867
9. AGE (In years last birthday): 81
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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Quincy Ill
12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: Richard Salthouse
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Martha Jane Salthouse

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Martha Jane Salthouse
ADDRESS: Chaffee 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4342

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 2

22. *I hereby certify that I attended the deceased from* 1/24/49, 19___, *to* 2/1/49, 19___, *that I last saw the deceased alive on* 2/1/49, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: John J Myers (Degree or title): DO
23b. ADDRESS: Sikeston Mo
23c. DATE SIGNED: 2/4/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 3, 1949
24c. NAME OF CEMETERY OR CREMATORY: Union Park
24d. LOCATION (City, town, or county): Chaffee Mo (State):

DATE REC'D BY LOCAL REG.: Feb 5 1949
REGISTRAR'S SIGNATURE: Willie Van Duburgh
25. FUNERAL DIRECTOR'S SIGNATURE: Bispling hoff Funeral Home
ADDRESS: Chaffee Mo

(Licensed Embalmer's Statement on Reverse Side)

Moer No. 4
249-21
2-9-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Mamie Buplenghuff

Licensed Embalmer No. ~~Mam~~ 3242

P. O. Address Chaffee, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.