

FILED FEB 7 1949

STANDARD CERTIFICATE OF DEATH *4147* State File No. *713*

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. *84* PRIMARY REG. DIST. NO. *5817* Registrar's No. *4*

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

1. PLACE OF DEATH a. COUNTY <i>Cooper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Cooper</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Brunston</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Brunston</i>	
c. LENGTH OF STAY (in this place) <i>life</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>College St.</i>			

3. NAME OF DECEASED a. (First) <i>Miss Leticia</i> b. (Middle) <i>Salmons</i> c. (Last) <i>Salmons</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 5 '49</i>		
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5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never</i>	8. DATE OF BIRTH <i>Dec-25-1866</i>	9. AGE (In years last birthday) <i>82</i>	IF UNDER 1 YEAR Days <i>10</i>	IF UNDER 2 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nursing</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Cooper Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
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13a. FATHER'S NAME <i>Joseph Salmons</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Polly</i>		14. NAME OF HUSBAND OR WIFE <i>W.A. Bellidge</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>W.A. Bellidge</i>		ADDRESS <i>Brunston</i>	
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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					INTERVAL BETWEEN ONSET AND DEATH <i>6 2/3</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>anemia</i>					
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Age</i> DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>7947</i>						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>none</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from *Sept 10 1948* to *Jan 5 1949*, that I last saw the deceased alive on *Jan 12, 1949*, and that death occurred at *8:30 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W.A. Elliott M.D.</i> (Degree or title)		23b. ADDRESS <i>Brunston Mo</i>		23c. DATE SIGNED <i>Jan 5 '49</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 7-1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>L.S. Postle Brunston Mo</i>	
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DATE REC'D BY LOCAL REG. <i>Jan 7 1949</i>		REGISTRAR'S SIGNATURE <i>Hellie Mullett</i>		EMERALD DIRECTOR'S SIGNATURE <i>Brunston Mo</i>		ADDRESS <i>Brunston Mo</i>	
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RECEIVED

District Health Officer No. &

District File Number.....

Date Filed 2-4-49

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.....

*my self*

working under my personal supervision.....

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed.....

*G. Y. Parker*

Licensed Embalmer No. ....

*2547*

P. O. Address.....

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