

No. 300
10-48

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12927

State File No.

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waverly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - (Davis)</u>	
c. LENGTH OF STAY (in this place) <u>11 days</u>		d. STREET ADDRESS (If rural, give location) <u>Higginsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waverly Clinic</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) _____ c. (Last) <u>Salyers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 24 49</u>	
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5. SEX <u>M</u>	6. COLOR OR RACE <u>F.W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-4-1884</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>20</u>	11. UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Higginsville MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Granville Salyers</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Stapleton</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Shamel</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lula Shamel Salyers</u> ADDRESS _____	
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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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma colon</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>				
19a. DATE OF OPERATION <u>4-20-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma (sigmoid) colon</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY/TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Waverly Johnson MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>	

22. I hereby certify that I attended the deceased from Nov 1948 to 4-24, 1949, that I last saw the deceased alive on 4-24, 1949, and that death occurred at 3:03 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. F. McKinnon MD</u>		23b. ADDRESS <u>Waverly MO</u>		23c. DATE SIGNED <u>4-24-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Higginsville cem</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville MO</u>	
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DATE REC'D BY LOCAL REG. <u>Apr. 25, 1949</u>		REGISTRAR'S SIGNATURE <u>Saranda Hutchfield</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter S. Hofer</u> ADDRESS <u>Higginsville MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

51
22

MAY 4, 1949

JUL 15 1949
JUL 15 1949

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
Student Embalmer

Signed Forrest S. Hooper

Licensed Embalmer No. 4358

P. O. Address Higginsville, 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.