

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32926**

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

BIRTH NO. _____ REG. DIST. NO. 5048 PRIMARY REG. DIST. NO. 5048 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>wheaton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>RR#</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>wheaton Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rudolph</u>		b. (Middle) <u>Saloga</u>	
c. (Last) <u>Saloga</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 3 '49</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 3 1874</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Isidore Saloga</u>	
13b. MOTHER'S MAIDEN NAME <u>anna malinska</u>		14. NAME OF HUSBAND OR WIFE <u>Oscar Saloga, Purdy, Mo</u>	
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.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Isidore Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 2</u> , 19 <u>47</u> , to <u>9-3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-2</u> , 19 <u>49</u> , and that death occurred at <u>8:15 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Baldwin</u> (Degree or title) <u>2 Do</u>		23b. ADDRESS <u>Purdy, Mo</u>	
23c. DATE SIGNED <u>9-3-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept 5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stones Prairie</u>	
24d. LOCATION (City, town, or county) (State) <u>SW of Monett, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Gordon Bennett - Normington</u> ADDRESS <u>Monett, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-1-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Gene Hudson</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 2 1949
District Health Office No. 6,
District File Number 1149-1111
Date Filed 11-2-49

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 _____

working under my personal supervision.

Student Embalmer No.

Signed R. Gordon Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4213

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