

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34676  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 130

81  
2  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>219 South Walker</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>219 South Walker Ave.,</u>			

3. NAME OF DECEASED a. (First) <u>Louis</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Salts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 12, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>March 17, 1880</u>		9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR Months Days	
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		11. BIRTHPLACE (State or foreign country) <u>Rolla, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>P. A. Salts</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Fields</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Minnie Salts</u>	
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. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louie Salts Rolla, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
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. <u>Senility</u>		151X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 past 5 years, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 10-11, 1949 and that death occurred at 9:50A m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Feind M.D.</u> (Degree or title)		23b. ADDRESS <u>Box 534 Rolla Mo</u>		23c. DATE SIGNED <u>10-19-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/14/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Rolla, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>10-14-49</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stolle</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul E. Zull Rolla, Mo.</u>	
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RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 10/19/49

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 \_\_\_\_\_

La Vega E. Brown

Student Embalmer No. \_\_\_\_\_

345

working under my personal supervision.

Student \_\_\_\_\_

La Vega E. Brown  
Student Embalmer

Signed \_\_\_\_\_

Paul E. Quill

Licensed Embalmer No. \_\_\_\_\_

4498

P. O. Address \_\_\_\_\_

Rolla, 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.