

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1733

State File No.

BIRTH NO. _____ REG. DIST. NO. 129 PRIMARY REG. DIST. NO. 4873 Registrar's No. 3

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>Birdie</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Salyer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>February 17 1875</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>74 11 17</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Thomas P. Hill</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Yardley</u>	14. NAME OF HUSBAND OR WIFE <u>J. O. Salyer</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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>F. M. Salyer</u> ADDRESS <u>Watterloo Iowa</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5 yrs.</u> <u>45m</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 October, 1877, to Feb 3, 1950, that I last saw the deceased alive on Feb 3, 1950, and that death occurred at 4 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. D. Veltz D.D.</u>	23b. ADDRESS <u>Elmer Mo</u>	23c. DATE SIGNED <u>Feb 5, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 5 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Milan</u>	24d. LOCATION (City, town, or county) (State) <u>Milan Sullivan Mo</u>
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DATE REC'D BY LOCAL REG. <u>2/6/50</u>	REGISTRAR'S SIGNATURE <u>Daphne Howerton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. McCallum</u>	ADDRESS <u>South Gifford Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2/8/50
MACON COUNTY HEALTH DEPARTMENT
County File No.2/50/22.....
Date Filed.....2/8/50.....

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

W. H. McCallum

Licensed Embalmer No.2052.....

P. O. Address.....South Gifford Va.....

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.