

**FILED AUG 15 1950 STANDARD CERTIFICATE OF DEATH**

State File No. 23048

No. 300  
10.48

0580

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

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>5683</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chula-Rural-Jackson TWP</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chula-Rural-Jackson TWP. MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9mi. East Laredo Mo</u>				d. STREET ADDRESS (If rural, give location) <u>9mi. East Laredo Mo 058</u>			
3. NAME OF DECEASED (Type or Print) <u>Anna</u>		a. (First)		b. (Middle)		c. (Last) <u>Sallee</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 29 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 19, 1868</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>10</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u>		11. BIRTHPLACE (State or foreign country) <u>Linn County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John T. Hayes</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cassidy</u>		14. NAME OF HUSBAND OR WIFE <u>John William Sallee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wing Malloy</u> ADDRESS <u>Purdin, Mo.</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary dilatation (acute)</u> ANTECEDENT CAUSES <u>Chronic Myocarditis</u> DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>  <u>117.9.1</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) (Min.)		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>1942 to July 29, 1950</u> , that I last saw the deceased alive on <u>July 28, 1950</u> , and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. M. Carter</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Browning Mo</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/31/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montolive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Purdin Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 2, 1950</u>		REGISTRAR'S SIGNATURE <u>Ebra Crookshank</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Robertson</u>		ADDRESS <u>Funeral Home Laredo Mo</u>	

AUG 7 1950

RECEIVED

District Health Officer No. 10

District File Number 8-14-123

Date Filed AUG 14 1950

MAY 23 1950

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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 John M. Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.