

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37958
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 2022 Registrar's No. 369

0804

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	c. LENGTH OF STAY (in this place) <u>20 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1212 So. Barrett</u>		d. STREET ADDRESS (If rural, give location) <u>1212 So. Barrett</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNE</u> b. (Middle) <u>H.</u> c. (Last) <u>SALVETER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-21 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>June 9-1901</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>12</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 _____		11. BIRTHPLACE (State or foreign country) <u>Pekin Ill. - 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George Himmelheber</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Neid</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Salveter</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Salveter</u>	ADDRESS <u>Sedalia</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, asphyxia, 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>Adeno-Carcinoma of Ovaries</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>175X</u>			

19a. DATE OF OPERATION <u>May 4 1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>Bilateral Adeno Carcinoma and Uterine Fibroids</u>	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) m.	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 April 1949, to Nov 21, 1950, that I last saw the deceased alive on Nov 21, 1950, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.L. Walter</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Sedalia Mo</u>	23c. DATE SIGNED <u>11-24-50</u>
--	-----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-24-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
--	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>11-24-50</u>	REGISTRAR'S SIGNATURE <u>A. G. Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Laughlin Bros</u>	ADDRESS <u>Sedalia</u>
---	--	---	---------------------------

RECEIVED 11-22-52

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 11-22-52 -----

DEC 15 1950

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

K.P. McLean

Licensed Embalmer No. -----

3153

P. O. Address -----

Seale 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.