No. 300
10-48

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

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40000

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164 Registrar's No. 428

1. PLACE OF DEATH
a. COUNTY: Calloway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton R.F.D. 3
c. LENGTH OF STAY (In this place): 3 yr 7
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fulton R.F.D. 3.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Calloway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton R.F.D. 3
d. STREET ADDRESS (If rural, give location): R.F.D. #3

3. NAME OF DECEASED (Type or Print): a. (First) WARREN b. (Middle) c. (Last) SALLEE
4. DATE OF DEATH (Month) (Day) (Year): 12-29-1950
5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 1871
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: J. H. Sallee
13b. MOTHER'S MAIDEN NAME: Edith Clark
14. NAME OF HUSBAND OR WIFE: Elnora Sallee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Lee Sallee — ADDRESS: Kansas City, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) High Blood pressure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 351X

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Dis
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Fulton Calloway Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 21, 1950, *to* Dec 31, 1950, *that I last saw the deceased alive on* Dec 21, 1950, *and that death occurred at* 2:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. L. Owen M.D. (Degree or title: D)
23b. ADDRESS: Fulton Mo
23c. DATE SIGNED: Jan. 2, 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-3-1951
24c. NAME OF CEMETERY OR CREMATORY: New Kirkland
24d. LOCATION (City, town, or county) (State): Calloway Co. Mo.

DATE REC'D BY LOCAL REG.: Jan 2-1951
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE: Stuart R. Parker — ADDRESS: Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JAN 4 1951

DISTRICT HEALTH OFFICE No. 4

File No. _____

JAN 4 3 1951

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 Stuart P. Parker

Signed _____
Student Embalmer

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.