

S. No. 300
EV. 10.45

STANDARD CERTIFICATE OF DEATH

State File No. 40272

FILED JAN 15 1951

0350

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

BIRTH NO. _____		REG. DIST. NO. <u>109</u>		PRIMARY REG. DIST. NO. <u>5424</u>		Registrar's No. <u>39</u>					
1. PLACE OF DEATH a. COUNTY: <u>Junklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: <u>Missouri</u> b. COUNTY: <u>St. Louis Co.</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Rural (Union twp)</u>		c. LENGTH OF STAY (in this place) <u>6mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>St. Louis, Missouri</u> <u>2159</u>		d. STREET ADDRESS (If rural, give location) <u>4842 Penna. Ave</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>NONE</u>											
3. NAME OF DECEASED a. (First) <u>SALLIE</u>			b. (Middle) <u>NORA</u>		c. (Last) <u>LUALLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 13, 1950</u>				
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>26, Nov 1875</u>		9. AGE (In years last birthday) <u>75</u> 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) <u>housekeeping</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>MT. Pleasant, Texas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Ben Goss</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Neville</u>			14. NAME OF HUSBAND OR WIFE <u>deceased</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>Mrs Wiley Luallen</u>					ADDRESS <u>Hl. Malden, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>None</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive Cardio-Vascular Renal Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						MEDICAL CERTIFICATION <u>None</u> <u>Hypertensive Cardio-Vascular Renal Disease</u> <u>2</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>3 years</u>	
19a. DATE OF OPERATION <u>none</u>		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 <u>December 19 49</u> , to <u>11 Dec 50</u> , that I last saw the deceased alive on <u>11 Dec 50</u> , and that death occurred at <u>9:35p m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Charles Williams</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Malden, Mo.</u>			23c. DATE SIGNED <u>12 Dec 50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>13-Dec-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Malden Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Jan 5 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs Beulah Campbell</u>			92 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace R Knight</u>			ADDRESS <u>Malden</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 1-9-51
COUNTY FILE NUMBER ..151-~~312~~ 12

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 Wallace R. Knight _____

Licensed Embalmer No. 4514 _____

P. O. Address Malden, 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.