

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Liberal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberal</u>	
c. LENGTH OF STAY (in this place) <u>7yr</u>		d. STREET ADDRESS (If rural, give location) <u>city 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>city</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Sale</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1951</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>2</u>	8. DATE OF BIRTH <u>Aug. 18, 1869</u>		9. AGE (In years last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	
13a. FATHER'S NAME <u>Ephraim Shuler</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Baker</u>		14. NAME OF HUSBAND OR WIFE <u>Pleasant Allen Sale Des.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillian Davis, Rockwood Ia.</u>	
15. (If yes, give war or dates of service)		16. (If yes, give war or dates of service)		17. ADDRESS	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>	
		ANTECEDENT CAUSES		<u>1 yr.</u>	
		DUE TO (b) <u>Congestive heart disease</u>		<u>5 to 10 yrs.</u>	
		DUE TO (c) <u>Stullity and Hypertension</u>		<u>4 yrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS		<u>Rehydration Acidosis 1 mo.</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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)		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 Mar 3, 1946 to May 8, 1951, that I last saw the deceased alive on May 8, 1951, and that death occurred at 2:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. H. Kneibud, D.O.</u>		23b. ADDRESS <u>Liberal, Mo.</u>		23c. DATE SIGNED <u>5-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 12, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberal</u>	
				24d. LOCATION (City, town, or county) (State) <u>Liberal Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 12, 1951</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Berkey</u>	
				ADDRESS <u>Mulberry, trans.</u>	

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

1060
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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED; MAY 16 1951

Dist. File 551-9123

Date Filed 5-16-51

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.....
Student Embalmer

Signed J. M. Berkeley
Licensed Embalmer No. 2336

P. O. Address Mulberry, Kans.

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.