

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1034**

FILED JAN 23 1952
BIRTH MO. 02 1952

REG. DIST. NO. **134** PRIMARY REG. DIST. NO. **4209** Registrar's No. **9**

0410

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

1. PLACE OF DEATH a. COUNTY Harrison			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Moriah,		c. LENGTH OF STAY (in this place) all life.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Moriah,		0410
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 0-		
3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Edgar c. (Last) Sallee			4. DATE OF DEATH (Month) (Day) (Year) January 6 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH November 27 1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days IF UNDER 2 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 General farming	11. BIRTHPLACE (State or foreign country) Mercer County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Joseph M. Sallee		13b. MOTHER'S MAIDEN NAME Jemiah Thompson	14. NAME OF HUSBAND-OR WIFE Core Sallee (Deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Dinamore Mt. Moriah, Mo.			
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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1 4222			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 Jan 10, 1951 to Jan 5, 1952 , that I last saw the deceased alive on Jan 5, 1952 , and that death occurred at 4:35 m., from the causes and on the date stated above.					
23a. SIGNATURE H. Sellers (Degree or title) M. D.			23b. ADDRESS Mt. Moriah, Missouri.		23c. DATE SIGNED Jan 7 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 8, 1952.	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	24d. LOCATION (City, town, or county) (State) Mt. Moriah, Mo.		
DATE REC'D BY LOCAL REG. Jan. 14-1952	REGISTRAR'S SIGNATURE S. Pha Shaw		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cainville, Missouri		

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, of Missouri

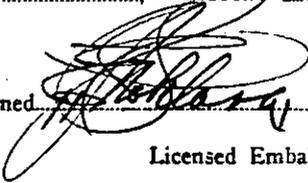
Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed  _____

Licensed Embalmer No. 3602

P. O. Address Coinville, Missouri

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.