S. No. 300
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FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9589

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 103

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

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Flat River
c. LENGTH OF STAY (in this place) 5 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sikeston 1003
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) c. (Last) Salyers

4. DATE OF DEATH (Month) (Day) (Year) March 11, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 8, 1872
9. AGE (In years last birthday) 79 — If under 1 year: Months 9, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Patton Missouri
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Ben Davis
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE William Salyers

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. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Toney Smith — ADDRESS Flat River, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Face — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

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. Malnutrition

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 191X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Mar 11, 1952, *that I last saw the deceased alive on* Mar 9, 1952, *and that death occurred at* 930 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C H Applebury MD
23b. ADDRESS Flat River MO
23c. DATE SIGNED 3-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 12, 1952
24c. NAME OF CEMETERY ~~OR CREMATORY~~ Memorial Park
24d. LOCATION (City, town, or county) (State) Sikeston, Mo.

DATE REC'D BY LOCAL REG. Mar. 12, 1952
REGISTRAR'S SIGNATURE Esther Rudloff 2849
25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell — ADDRESS Flat River, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River 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.