

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28549**
Registrar's No. **51**

FILED AUG 18 1952

BIRTH NO. _____ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **5592** Registrar's No. **51**

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Jefferson	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Joachim	c. LENGTH OF STAY (in this place)	a. STATE Mo. b. COUNTY St. Francis
d. FULL NAME OF HOSPITAL OR INSTITUTION Mountain View Nursing Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington 1941	
		d. STREET ADDRESS (If rural, give location) 1202 N. Washington	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Clara B.	b. (Middle) Salumendier	c. (Last)	(Month) July	(Day) 2	(Year) 1952
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 19th, 1874		9. AGE (In years, last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Farmington Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John A. Markes	13b. MOTHER'S MAIDEN NAME Josephine Hammes	14. NAME OF HUSBAND OR WIFE Thomas Salumendier
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 Mrs. Lucille Goodpastor
		ADDRESS Farmington

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		INTERVAL BETWEEN ONSET AND DEATH 1 Mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary vascular disease		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	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) (Min.)	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 6-30, 1952, to 7-2, 1952, that I last saw the deceased alive on 7-2, 1952, and that death occurred at 8:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 112 Miss Ave. Crystal City Mo	23c. DATE SIGNED 7-3-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 5 1952	24c. NAME OF CEMETERY OR CREMATORY Valle Springs Care	24d. LOCATION (City, town, or county) (State) St. Francis Mo
DATE REC'D BY LOCAL REG. July 3, 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Leo C. Basler	ADDRESS St. Francis Mo

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED AUG 11 1962

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.....

Lee C. Barber

Signed.....

Student Embalmer

Licensed Embalmer No. 1985

P. O. Address St. Genevieve 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.