

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1114

State File No. \_\_\_\_\_

No. 900  
10. 48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 23-C

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Springfield</u> | c. LENGTH OF STAY (in this place)<br>township | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Springfield</u> <u>0396</u>                            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>819 E. Phelps</u>                                    |   | d. STREET ADDRESS (If rural, give location)<br><u>1433 S. Jefferson</u>   |  |

|   |                               |  |  |  |                             |  |
|---|-------------------------------|--|--|--|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>HORACE</u> b. (Middle) <u>SANDY</u> c. (Last) <u>SALTS</u> |                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>January 8 1953</u> |  |                             |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>3 May 1900</u>                          | 9. AGE (In years last birthday) <u>50</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)<br><u>Salesman</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Oil Refinery</u>                 |  | 11. BIRTHPLACE (State or foreign country)<br><u>Missouri</u> |                             | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |

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|---|--|--|
| 13a. FATHER'S NAME<br><u>Joseph Salts</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth Walker</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Dora Salts</u> |
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|---|---|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Dora Salts Springfield, Mo</u> |  |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>approx 30 min.</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Extensive Coronary Occlusion</u>   |  |   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>atherosclerosis, genl. atleast 3 yrs</u><br>DUE TO (c) |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |   |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>4201</u> | 20. AUTOPSY?<br>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 1947 to 1953, that I last saw the deceased alive on December, 1952, and that death occurred at 11:15 AM., from the causes and on the date stated above.

|   |                               |  |                                      |
|---|-------------------------------|--|--------------------------------------|
| 23a. SIGNATURE<br><u>Hans E. Keable, M.D.</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS<br><u>1630 N. Jefferson, Springfield, Mo.</u> | 23c. DATE SIGNED<br><u>9 Jan '53</u> |
|---|-------------------------------|--|--------------------------------------|

|  |                             |   |   |
|--|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>1/11/53</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>White Chapel Ceme.</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Springfield Mo.</u> |
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|  |  |   |
|--|--|---|
| DATE REC'D BY LOCAL REG.<br><u>1-14-53</u> | REGISTRAR'S SIGNATURE<br><u>Edith Williams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>J.W. KLINGNER &amp; CO. Springfield, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 13 1953

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.....

*Max Rhodes*

Licensed Embalmer No. ....

*4071*

P. O. Address.....

*Spring Hill*

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.