

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

16739

APR 27 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6109 Registrar's No. 21

0990
 1

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

| | | | |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Scotland</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union Twp 0990</u> | | c. LENGTH OF STAY (In this place) <u>to 90 yrs</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) <u>Union Twp 0990</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u> b. (Middle) <u>M</u> c. (Last) <u>SAULSBURY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 11 1953</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>May 9 1892</u> |
| 9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>60 11 29</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Knox Co Mo</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Homewife</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Knox Co Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13a. FATHER'S NAME <u>John Kigar</u> | | 13b. MOTHER'S MAIDEN NAME <u>Minnie Bryant</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Burley Saulsbury</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>000-00-0000</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Ross Saulsbury Rutledge</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mo</u> | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> 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. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20. AUTOPSY? | |
| 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) | | 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? | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>Apr 11, 1953</u> , to <u>Apr 11, 1953</u> , that I last saw the deceased alive on <u>Apr 11, 1953</u> , and that death occurred at <u>10 P.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>J. E. Lowe</u> | | 23b. ADDRESS <u>D.O. Memphis, Mo</u> | |
| 23c. DATE SIGNED <u>4-23-53</u> | | 23c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>April 13 1953</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Greenburg Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Greenburg Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>4/24/53</u> | | REGISTRAR'S SIGNATURE <u>Vera S. Turner</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gertha Baskitt</u> | | ADDRESS <u>Memphis Mo</u> | |

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 Albert C Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis 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.