

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7929**

FILED **MAR 29 1954**

REG. DIST. NO. **447** PRIMARY REG. DIST. NO. **3008** Registrar's No. **82**

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

1. PLACE OF DEATH a. COUNTY CALLOWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give township) FULTON MO		c. LENGTH OF STAY (In this place) 5 yrs 6m	c. CITY OR TOWN Linn Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE HOSPITAL NO 1		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 0760			

3. NAME OF DECEASED a. (First) PETE b. (Middle) c. (Last) SALLINS		4. DATE OF DEATH (Month) (Day) (Year) Mar 25 1954	
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1875
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) FRANCE
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Farming	12. CITIZEN OF WHAT COUNTRY? France

13a. FATHER'S NAME SALLINS	13b. MOTHER'S MAIDEN NAME Not given	14. NAME OF HUSBAND OR WIFE Mrs Hilda Sallins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Not given		16. SOCIAL SECURITY NO. Not given	17. INFORMANT'S SIGNATURE OR NAME Hospital Records
		ADDRESS Fulton Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3/20/54
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypo-static Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Follo wing Operation on Hip DUE TO (c) Fractured Hip		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9037 44			

19a. DATE OF OPERATION March- 20th- 1954	19b. MAJOR FINDINGS OF OPERATION Hip Surgery.	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Ward at Hospital.	21c. (CITY, TOWN, OR TOWNSHIP) Fulton	(COUNTY) Callaway (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 13 1954	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Slipped and fell while on ward.	

22. I hereby certify that I attended the deceased from **Sept 22, 1948**, to **March 25, 1954**, that I last saw the deceased alive on **Mar 25th, 1954**, and that death occurred at **10:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J Henry Fowler M. D.		23b. ADDRESS Fulton Missouri		23c. DATE SIGNED 3/25/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 27 1954	24c. NAME OF CEMETERY OR CREMATORY St George cemetery	24d. LOCATION (City, town, or county) (State) Linn Mo	
DATE REC'D BY LOCAL REG. Mar 25 1954	REGISTRAR'S SIGNATURE Margaret Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Morton Fennel		
		ADDRESS Linn, Mo		

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.....
Signature of Student Embalmer

Signed *Vernon M. Monton*.....

Licensed Embalmer No. *416*.....

P. O. Address *Lincoln, T.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.