

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16781

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>257</u>		PRIMARY REG. DIST. NO. <u>5880</u>		Registrar's No. <u>14</u>					
1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>OSAGE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LINN</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY OR TOWN <u>LINN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>LINN MO R.D.</u>				e. STREET ADDRESS (If rural, give location) <u>R.D.</u>				<u>Crawford Twp 760</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLOSSIE</u>			b. (Middle) <u>ELIZABETH</u>			c. (Last) <u>SALLIN</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1954</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Feb. 22-1900</u>			
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linn Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY -----			13a. FATHER'S NAME <u>August Boillet</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Kemple</u>			
14. NAME OF HUSBAND OR WIFE <u>Louis C Sallin (dec)</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Sallin Linn Mo R.D.</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, asthma, 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>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2</u> <u>hrs</u>			
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>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9</u> p.m., from the causes and on the date stated above.											
23a. SIGNATURE OF _____ (Degree or title)				23b. ADDRESS <u>Box 255, Linn, Mo.</u>				23c. DATE SIGNED <u>6/7/54</u>			
24a. NAME OF CEMETERY OR CREMATORY <u>St George Cemetery</u>		24b. LOCATION (City, town, or county) (State) <u>Linn Mo</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St George Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Linn Mo</u>		24e. NAME OF CEMETERY OR CREMATORY <u>St George Cemetery</u>		24f. LOCATION (City, town, or county) (State) <u>Linn Mo</u>	
DATE REC'D BY LOCAL REG. <u>6/7/54</u>		REGISTRAR'S SIGNATURE <u>T. A. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton Service</u>		ADDRESS <u>Linn Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton Service</u>		ADDRESS <u>Linn Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

1

2

3

STATEMENT BY LICENSED EMBALMER

4

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..... *Semon M. Mode*

Licensed Embalmer No. *44*

P. O. Address *Seminole*

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.