No. 300
10-48

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32985

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARSAW
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: Benton
c. CITY OR TOWN: WARSAW
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): EMIL
b. (Middle): A
c. (Last): SALLEY

4. DATE OF DEATH (Month) (Day) (Year): Oct 9, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never MARRIED
8. DATE OF BIRTH: 8 Feb 1916
9. AGE (In years last birthday): 38
IF UNDER 1 YEAR: Months: 8 Days: 1
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Common LABOR
11. BIRTHPLACE (City and State or Foreign Country): Hickory Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William P. Salley
13b. MOTHER'S MAIDEN NAME: Eva Mae Cooper
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 493-38-4131
17. INFORMANT'S SIGNATURE OR NAME: William P. Salley
ADDRESS: Warsaw

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain contusion & hemorrhage from skull fracture (basal) — INTERVAL BETWEEN ONSET AND DEATH: instantaneous

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Severe Blow

DUE TO (c) collision with automobile

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway 35
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Highway 35 out of Warsaw Benton Co Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 9, 1954 6:50 P.M.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: hit by hit and run driver

22. *I hereby certify that I attended the deceased from* never, 19___, *to* never, 19___, *that I last saw the deceased alive on* never, 19___, *and that death occurred at* 7:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold B. Walker D.O. Coroner
23b. ADDRESS: Cole Camp Mo
23c. DATE SIGNED: 10/9/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 12, 1954
24c. NAME OF CEMETERY OR CREMATORY: New Home Cemetery
24d. LOCATION (City, town, or county) (State): Hickory Co Mo

DATE REC'D BY LOCAL REG.: Oct. 11-1954
REGISTRAR'S SIGNATURE: Jas. A. Logan
25. FUNERAL DIRECTOR'S SIGNATURE: John F. Reser
ADDRESS: Warsaw, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John F. Reser

Licensed Embalmer No. 40

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.