

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

230333

State File No.

FILED AUG 6 - 1956

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

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>365</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) —a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>				
b. CITY OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>Sikeston</u>		d. In 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>H. Francis Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>R. F. H. 3</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paucy</u> b. (Middle) <u>Jane</u> c. (Last) <u>Saulsbury</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1956</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 21, 1909</u>		
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.				
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Hollow Hill, Del.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Paul Schaul</u>			13b. MOTHER'S MAIDEN NAME <u>Margie Shroyak</u>		14. NAME OF HUSBAND OR WIFE <u>Estell Saulsbury</u>			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Estell Saulsbury Sikeston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral ureteral obstruction with anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>C. a. Carcinoma with metastatic spread</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH <u>2-3 wks</u> <u>1 yr</u>	
19a. DATE OF OPERATION <u>7-18-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ureteral obstruction from metastases</u>					20. AUTOPSY? 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 <u>7-18</u> , 19 <u>56</u> , to <u>7-22</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-21</u> , 19 <u>56</u> and that death occurred at <u>4:30 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H. K. Saulsbury MD</u>				23b. ADDRESS <u>215 N. Pacific Cape Girardeau Mo</u>		23c. DATE SIGNED <u>8-1-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 25, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Logan's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>East Prairie, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-2-56</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cheriton Funeral Home Sikeston, Mo.</u>				

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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 *GE McMillan*

Licensed Embalmer No. *469*

P. O. Address *Chapelton*

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.