

FILED SEP 7 1956

STANDARD CERTIFICATE OF DEATH

State File No. **29540**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **323** PRIMARY REG. DIST. NO. **4478** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY <b>Schuylers</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>LANCASTER</b>		b. COUNTY <b>Schuylers</b>	
c. LENGTH OF STAY (In this place) <b>year</b>		c. CITY OR TOWN <b>LANCASTER</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>0980</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bertha</b> b. (Middle) <b>LEONA</b> c. (Last) <b>Saulsbury</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 28 56</b>		
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <b>MAY 17 - 1892</b>		9. AGE (In years last birthday) <b>59</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Worthington MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <b>Thomas MONTGOMERY</b>		13b. MOTHER'S MAIDEN NAME <b>MARY LUMMIE</b>		14. NAME OF HUSBAND OR WIFE <b>Ace Albert Saulsbury</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>L</b>		16. SOCIAL SECURITY NO. <b>L</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ernie Saulsbury</b>	
				ADDRESS <b>forecaster</b>	

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) <b>Acute Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arteriosclerosis</b>		<b>Year</b>	
		DUE TO (c) <b>Diabetes Mellitus</b>		<b>Year</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Congestive Heart Failure</b>		<b>Year</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>260X</b>		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)		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 **May 15, 1954**, to **August 28, 1956**, that I last saw the deceased alive on **August 28, 1956**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H.P. Stokes</b>		(Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Lancaster, Missouri</b>	
23c. DATE SIGNED <b>8-28-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>AUG 30-56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Worthington MO</b>		24d. LOCATION (City, town, or county) <b>Worthington</b>		(State) <b>MO</b>	

DATE REC'D BY LOCAL REG. <b>8.30.56</b>		REGISTRAR'S SIGNATURE <b>Ernie P. Drake</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Morcheal-Norris</b>	
				ADDRESS <b>Lancaster, MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
*Novel E. Foster*

Licensed Embalmer No. *4742*

P. O. Address *Kirkville,*

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.