

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42085

FILED JAN 2 1957

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Brookfield 0582</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) Length of stay in hospital or institution <u>Dr. Larney Hospital 1 week</u>		d. STREET ADDRESS (If outside, give location) <u>707 Grant</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>MARGARET ELLA SALEE</u>			4. DATE OF DEATH <u>Dec-17-1956</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr-22-1890</u>	9. AGE (In years last birthday) <u>86</u>	10. IF UNDER 1 YEAR: Months <u>7</u> Days <u>25</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Linn Co Mo</u>	
13. FATHER'S NAME <u>Bert Allen</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Salee</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT (Address) <u>Lillian Skifflet Brookfield Mo</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE - (a) <u>Druchent & esophageal obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 wks</u>
Conditions, if any, which gave rise to above cause - (a), stating the underlying cause last.	DUE TO (b) <u>Sarcoma mixed cell type rt leg</u>	<u>4 yrs</u>
	DUE TO (c) <u>metastasis to lymph nodes of neck lung and abdomen</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arteriosclerosis generalized</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour- Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <u>May 1952</u> and last saw her alive on <u>Dec 16 1956</u> Death occurred at <u>5:45 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>John R Weyen M.D.</u>	22b. ADDRESS <u>Brookfield Mo</u>
22c. DATE SIGNED <u>12-17-56</u>	

23a. BURIAL, CREMATION, etc. (Specify) <u>Burial</u>	23b. DATE <u>Dec-18-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Benson Creek</u>	23d. LOCATION (City, town, or county) (State) <u>Linn Co Missouri</u>
24. FUNERAL DIRECTOR <u>John Blacklock</u> ADDRESS <u>Brookfield</u>	25. DATE RECD. BY LOCAL REG. <u>12-24-56</u>	26. REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 *J. B. Blacklock*.....

Licensed Embalmer No. *224*

P. O. Address *Brookfield*

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