

FILED JUN 11 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

57-017812
 State File No.

BIRTH NO. _____		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>5670</u>		Registrar's No. <u>69</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ninevah</u>		c. LENGTH OF STAY (in this place) <u>5 yr.</u>		c. CITY OR TOWN _____		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>9 Miles NW of Hawkpoint MO.</u>				e. STREET ADDRESS (If rural, give location) <u>9 Miles N.W. of Hawkpoint MO.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>			b. (Middle) <u>GABRIEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 30, 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 29, 1957</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Paul Saale</u>			13b. MOTHER'S MAIDEN NAME <u>M ary Ashen</u>			14. NAME OF HUSBAND OR WIFE <u>Minnie Saale</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Saale Siler MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Latent development of "Paralysis Agitans"; (idiopathic)</u> DUE TO (c) <u>duration around 10 yrs.</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>?</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) <u>350X</u>			
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 <u>5-1</u> , 19 <u>57</u> to <u>May 30</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5-28, 1957</u> and that death occurred at <u>9:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John T. Shuman, MD</u>				23b. ADDRESS <u>NO HAWK. POINT, MO</u>		23c. DATE SIGNED <u>5-31-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 1, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hawkpoint MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-8-1957</u>		REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. M. Boy</u>		ADDRESS <u>Troy Mo.</u>	

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

162-0

VS
APR 2 1959

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..... *D. W. McLoey*

Licensed Embalmer No. *3586*

P. O. Address *Jay Mo.*

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.