

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **36987**

FILED NOV 12 1957

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **262**

1. PLACE OF DEATH a. COUNTY Randolph b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly c. LENGTH OF STAY (in this place) OR TOWN 4 months d. FULL NAME OF HOSPITAL OR INSTITUTION 520 Barrow Street		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salisbury d. STREET ADDRESS (If rural, give location) Second Street	
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3. NAME OF DECEASED a. (First) Thomas b. (Middle) Edward c. (Last) Saulter			4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1957						
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 27, 1878	9. AGE (In years last birthday) 79	10. MONTHS	11. DAYS	12. HOURS	13. MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired laborer			10b. KIND OF BUSINESS OR INDUSTRY General labor		11. BIRTHPLACE (City and State or Foreign Country) Chariton County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Thomas Saulter	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Florence Dougherty Sault
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 492-18-8556	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Woodrow Saulter, Moberly, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH 18h. 10 days unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 July, 1957, to 11-3, 1957, that I last saw the deceased alive on 11-3, 1957, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.C. Kelley P.O. 2	23b. ADDRESS Moberly, Mo	23c. DATE SIGNED 11-4-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/5/57	24c. NAME OF CEMETERY OR CREMATORY Salisbury City Cemetery	24d. LOCATION (City, town, or county) (State) Salisbury, Missouri
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DATE REC'D BY LOCAL REG. 11/4/57	REGISTRAR'S SIGNATURE Leah Loue	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas B Winckler, Salisbury, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____
Student Embalmer

Signed Chas B Winkelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.