

FILED JAN 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH45326
STATE FILE NUMBER

Registration District No. 276 Primary Registration District No. 5944 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Dawson Twp TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Dawson Twp St. James		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION None			Length of stay in lb		d. STREET ADDRESS Dawson twp		If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First NANCY Middle CAROLINE Last SALADIN				4. DATE OF DEATH Month Dec Day 26 Year 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 26 1867		9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 9 Days Hours Min. 	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Missouri, Phelps		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Alex Beckham				14. MOTHER'S MAIDEN NAME Mary Davis				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. no		17. INFORMANT Address Doss Saladin, St. James, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH 18 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 March 12, 1941 , to Dec. 26, 1957 and last saw her ^{alive} on Dec. 25, 1957 . Death occurred at 10:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) C.V. Hammler, M.D.				22b. ADDRESS St. James, Mo.			22c. DATE SIGNED 12-28-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 29, 1957	23c. NAME OF CEMETERY OR CREMATORY Miles Cemetery		23d. LOCATION (City, town, or county) (State) Phelps Co, Missouri			
24. FUNERAL DIRECTOR Jeane Gahr - St. James, Mo.			ADDRESS 12-28-1957		25. DATE RECD. BY LOCAL REG. 12-28-1957		26. REGISTRAR'S SIGNATURE Ruth R. Powell	

S. 300
7. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

7-2)

RECEIVED

Phelps County Health Officer,

County File Number 920

Date Filed 12/31/59

JAN 6
1958

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 Robert P. Roach, Student Embalmer No. 549 working under my personal supervision.

Student Robert P. Roach
Signature of Student Embalmer

Signed A. Gene Gahr
Licensed Embalmer No. 4480

P. O. Address St. James

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.