

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035636

STATE FILE NUMBER

FILED OCT 17 1958

Registration District No. _____

43

Primary Registration District No. _____

Registrar's No. _____

587

300
1-57
0

All diseases in Part I must be causally related.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Poplar Bluff, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp. Length of stay in lb _____		d. STREET ADDRESS (If outside, give location) 521 North C St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ida Middle _____ Last Saltsman			4. DATE OF DEATH Month Sept. Day 28 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 17, 1883
9a. USUAL OCCUPATION (Give kind of work done during most of working-life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Ind.	9c. AGE (In years, less birthday) 75 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working-life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Ind.	10c. BIRTHPLACE (City and state or country) U.S.
11. BIRTHPLACE (City and state or country) U.S.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Edw. Sturmdge		13b. MOTHER'S MAIDEN NAME Areena Aldridge	
14. NAME OF HUSBAND OR WIFE Olage Saltsman, Dec'd.		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. _____		17. INFORMANT Address Mrs. Wm. Trousdale, New Salem, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) Granular Cell carcinoma DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 593 X
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from 9-27-58 to 9-28-58 and last saw ^{her} him alive on 9-28-58 Death occurred at 2:00 P. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Dr. A. V. Miller, M.D.	
22b. ADDRESS		22c. DATE SIGNED 10-9-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-30-58	
23c. NAME OF CEMETERY OR CREMATORY City Cem.		23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
24. FUNERAL DIRECTOR Frank Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 10/11/58	
26. REGISTRAR'S SIGNATURE [Signature]		26. REGISTRAR'S SIGNATURE [Signature]	

RECEIVED

OCT 21 1959

BUTLER CO. HEALTH CENTER

FILE No. _____

MS AUG 4 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 *Charles E. Mungle* _____

Licensed Embalmer No. *4877* _____

P. O. Address *D. J. Bluff* _____

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.