. Health,
& Welfare
Public
Service

5. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035941
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 101 Primary Registration District No. 5397 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY Douglas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vanzant — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Route # 1 — Length of stay in lb Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Douglas
c. CITY OR TOWN Vanzant — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route # 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Nancy Middle Lavina Last Saltenberger

4. DATE OF DEATH Month Day Year September 17, 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH August 16, 1893
9. AGE (In years last birthday) 65 — 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
11. BIRTHPLACE (City and state or country) Douglas County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Phillips
13b. MOTHER'S MAIDEN NAME Hulda Garrett
14. NAME OF HUSBAND OR WIFE Charlie Saltenberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Charlie Saltenberger Address Vanzant, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized, Scleroderma — INTERVAL BETWEEN ONSET AND DEATH 4-5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 7100
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 ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1956 8:10 P. to Sept 12 1958 and last saw her/him alive on Sept 12 1958
Death occurred at 8:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Garrett Hoggy Jr.
22b. ADDRESS Cabool Mo
22c. DATE SIGNED Oct 16/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/21/1958
23c. NAME OF CEMETERY OR CREMATORY Penner Cemetery
23d. LOCATION (City, town, or county) (State) Douglas County, Missouri

24. FUNERAL DIRECTOR Barber Funeral Home ADDRESS Mtn. Grove, Mo
25. DATE RECD. BY LOCAL REG. Oct. 22-58
26. REGISTRAR'S SIGNATURE Vestal Buckman

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Garret Hoggy Jr.

PLACE IN 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 .....

Licensed Embalmer No. 3161

P. O. Address .....

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.