THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001909

STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN Lebanon — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION Lebanon Hospital — Length of stay in Hospital 1 da.

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

3. NAME OF DECEASED (Type or print): First BRADLEY Middle DAVIS Last SALTER

4. DATE OF DEATH Month Jan. Day 20 Year 1959

5. SEX Male 6. COLOR OR RACE Caucasian 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 8. DATE OF BIRTH July 10, 1873 9. AGE (In years last birthday) 85 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) Ret. r.r. carman
10b. KIND OF BUSINESS OR INDUSTRY Rock Island
11. BIRTHPLACE (City and state or country) Camden Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Salter
13b. MOTHER'S MAIDEN NAME Sarah Snelling
14. NAME OF HUSBAND OR WIFE Caldona Salter

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. None
17. INFORMANT Mrs. Adra Anderson Address Chicago, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease — Unknown
DUE TO (c) 4200H — Several years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Rectal bleeding, probably Carcinoma of Bowel

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 1-18-59, to 1-20-59 and last saw him alive on 1-20-59
Death occurred at 12:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Louis E. Jones (Degree or title) M.D.
22b. ADDRESS 158 N. Adams Lebanon Mo
22c. DATE SIGNED 1-24-59

23a. BURIAL, CREMATION, REMOVAL Burial
23b. DATE 1-23-1959
23c. NAME OF CEMETERY OR CREMATORY Eldon
23d. LOCATION (City, town, or county) (State) Eldon, Missouri

24. FUNERAL DIRECTOR Louis D. Phillips ADDRESS Eldon-Mo
25. DATE RECD. BY LOCAL REG. 1-24-1959
26. REGISTRAR'S SIGNATURE Ulella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Louis D. Phillips, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signed Louis D. Phillips
Signature of Student Embalmer

Licensed Embalmer No. 3663

P. O. Address Eldon

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.