

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH59-006329
State File No.

FILED MAR 2 1959

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>Chillicothe</u> ⁰⁵⁹²	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Susan Nursing Home</u>		STREET ADDRESS (If rural, give location) <u>423 Clay</u>	
3. NAME OF DECEASED (Type or Print) <u>Dudley</u>		a. (First) <u>Sallee</u> b. (Middle) c. (Last)	
4. DATE OF DEATH <u>Feb 24, 1959</u>		(Month) (Day) (Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>11 Nov. 1872</u>	
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Winfield, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Oliver Sallee</u>		13b. MOTHER'S MAIDEN NAME <u>Martha</u>	
13c. NAME OF HUSBAND OR WIFE <u>Ruth Duncan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lee Sallee R#1</u>		ADDRESS <u>Chillicothe, Mo</u>	
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>Fracture of right femoral neck</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis and blood stokes syndrome causing stroke</u> DUE TO (c) <u>and causing him to fall</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u>			
19a. DATE OF OPERATION <u>2-17-59</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture of right femoral neck 4331F</u>	
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in, about home, farm, factory, street, office bldg., etc.) <u>HOME (NURSING)</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Chillicothe Livingston, Mo</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>2 12 59 4 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>stroke caused him to fall</u>			
22. I hereby certify that I attended the deceased from <u>Feb 1, 1959</u> , to <u>Feb 20, 1959</u> , that I last saw the deceased alive on <u>Feb 23, 1959</u> , and that death occurred at <u>3:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>T. L. M... ..</u>		(Degree or title) <u>DO 2</u>	
23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>2-24-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-26-59</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Ogan</u>		24d. LOCATION (City, town, or county) (State) <u>Meadville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-24-59</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman</u>		ADDRESS <u>Funeral Home - Chillicothe Mo</u>	

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
Signature of Student Embalmer

Signed *Elton Norman*

Licensed Embalmer No. *4036*

P. O. Address *Chillicothe*

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.