

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-028007  
STATE FILE NUMBER

FILED VS AUG 24 1959

Registration District No. 1 Primary Registration District No. Registrar's No. 251

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Pettis Township</b>		c. CITY OR TOWN <b>Pettis Township</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>South West of Kirksville</b>	
3. NAME OF DECEASED (Type or print) First <b>Frances</b> Middle <b>Sallee</b> Last <b>Sallee</b>		4. DATE OF DEATH Month <b>August</b> Day <b>13</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>October 10 1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Housekeeping</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (Last birthday) <b>85</b>
11. BIRTHPLACE (City and state or country) <b>Petersburg Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>	
13a. FATHER'S NAME <b>Mathias McHenry</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Simmons</b>	14. NAME OF HUSBAND OR WIFE <b>A. D. Sallee</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT <b>Mrs. Oral Sallee</b> Address <b>Kirksville Mo R. R. 1</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> DUE TO (b) <b>Arterio Sclerosis</b> 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 <b>2 days</b> <b>5 yrs.</b>
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 <b>a.m.</b> Month, Day, Year		20d. INJURY OCCURRED WHILE AT <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 <b>July 1, 1954</b> to <b>Aug 13, 1959</b> and last saw her alive on <b>August 13, 1959</b> Death occurred at <b>3:55 am</b> of the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Name or title) <b>Harold D. Lehr</b>		22b. ADDRESS <b>St. Plata Mo.</b>	22c. DATE SIGNED <b>8-13-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug 15 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Indian Hill</b>	23d. LOCATION (City, town, or county) (State) <b>Adair County Missouri</b>
24. FUNERAL DIRECTOR <b>A. K. McCollum</b> ADDRESS <b>South Gifford Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-19-1959</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Pettif</b>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be generally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

HAROLD D. LEHR D.O.

MEDICAL CERTIFICATION

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 *J. N. McCallum* .....

Licensed Embalmer No....2052.....

P. O. Address...South Gifford..No

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.