

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 11 1960

=60-035884

Registration District No. 316 Primary Registration District No. \_\_\_\_\_ Registrar's No. 384 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Leadington</u>		Length of stay in 1b	c. CITY OR TOWN <u>Leadington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>STEVEN AUGUST SALING</u>			4. DATE OF DEATH Month Day Year <u>Oct 2, 1960</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-10-1914</u>	9. AGE (last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u>	IF UNDER 24 HR Hours <u>    </u> Min. <u>    </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Soft Drinks</u>	11. BIRTHPLACE (City and state or country) <u>Farmington, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William C. Saling</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Halter</u>	14. NAME OF HUSBAND OR WIFE <u>Pauline Saling</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes War # 2</u>	16. SOCIAL SECURITY NO. <u>497-03-4006</u>	17. INFORMANT <u>Pauline Saling</u> Address <u>Leadington, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull Fracture &amp; multiple injuries</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>automobile falling off jack and on</u>
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20c. TIME OF INJURY <u>2:00 AM 10/2/60</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, pdg., etc.) <u>Public Road</u>	20e. CITY, TOWN, OR LOCATION <u>Leadington</u>	COUNTY <u>St. Francois</u>	STATE <u>MO.</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, pdg., etc.) <u>Public Road</u>	20f. CITY, TOWN, OR LOCATION <u>Leadington</u>	COUNTY <u>St. Francois</u>	STATE <u>MO.</u>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Bert Miller</u>	(Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Farmington, Mo.</u>	22c. DATE SIGNED <u>10-3-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-4-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hillview Memorial Gard.</u>	23d. LOCATION (City, town, or county) <u>Farmington, Mo.</u>
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24. FUNERAL DIRECTOR <u>Murphy L. Sparks</u> ADDRESS <u>Flat River, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 3, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

12-1-66  
KX

OCT 20 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Murphy L Spence

Licensed Embalmer No. 4236

P. O. Address Flat River

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.