

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041461

FILED VS DEC 15 1960

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Primary Registration District No. 4151

Registrar's No. 35

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <b>Crawford</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Crawford</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Steelville</b>		Length of stay in 1b <b>45 yr.</b>		c. CITY OR TOWN <b>Steelville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>202 Spring Ave</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>204 Spring Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <b>Fannie E. SALTSMAN</b>				4. DATE OF DEATH Month Day Year <b>12 12 60</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10-18-67</b>		9. AGE (last birthday) <b>93</b>		IF UNDER 1 YEAR Months Days Hours Min. <b>1 27</b>		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Old Mines Mo.</b>		11. BIRTHPLACE (City and state or country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Thomas B. Settle</b>				13b. MOTHER'S MAIDEN NAME <b>Martha Ann Black</b>				14. NAME OF HUSBAND OR WIFE					
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>None</b>		17. INFORMANT <b>Mrs. R. SALTSMAN</b>				Address <b>Steelville Mo.</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>Arteriosclerotic Heart Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH <b>5 year</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Uremia secondary to nephrosclerosis</b>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N. <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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>11-19-64</b> to <b>12-12-60</b> and last saw her <sup>her</sup> live on <b>12-12-60</b> Death occurred at <b>6 30 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Ed Bauman M.D.</b>						22b. ADDRESS <b>Steelville Mo.</b>			22c. DATE SIGNED <b>12-14-60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>12-15-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Steelville</b>				23d. LOCATION (City, town, or county) (State) <b>Steelville Mo.</b>					
24. FUNERAL DIRECTOR <b>Harry M. Jones steelville</b>					ADDRESS		25. DATE RECD. BY LOCAL REG. <b>12/14/60</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Hazel Lichius</b>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Harry M. Jones

Licensed Embalmer No. 2428

P. O. Address Steubenville

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.