

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041380

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 143

STATE FILE NUMBER

FILED OCT 24 1962

VS 300
Rev. 4/59

11080

20200

3

4 0

5 0

6

7 0

8 2

9 331X

10

11

12 93-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Length of stay in 1b 21 y. 2 m. 13d.	c. CITY OR TOWN El Dorado Springs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 3		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) --
3. NAME OF DECEASED (Type or print) First Roy Middle -- Last Sallee		4. DATE OF DEATH Month 10 Day 14 Year 62	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-22-1898
9. AGE (last birthday) 63		IF UNDER 1 YEAR Months -- Days -- Hours -- Min. --	IF UNDER 24 HR Hours -- Min. --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Bedar County, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Sallee	
13b. MOTHER'S MAIDEN NAME Rose McMullen		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) yes W.W.#1		16. SOCIAL SECURITY NO. --	17. INFORMANT Address Hosp. records, State Hospital #3, Nevada, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH few seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis			years
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
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.) None	
20c. TIME OF INJURY Hour -- a.m. -- p.m.	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 VIEWED THE BODY to 10-14-62 and last saw her alive on 10-14-62 . Death occurred at 1:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Childs Dugrishe M.D. (Degree or title)		22b. ADDRESS STATE HOSP. NEVADA MO	22c. DATE SIGNED 10-14-62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-17-62	23c. NAME OF CEMETERY OR CREMATORY Love Cemetery	23d. LOCATION (City, town, or county) (State) Cedar Co., Mo.
24. FUNERAL DIRECTOR ADDRESS Gwinn-Carothers Eldorado Spgs., Mo.		25. DATE RECD. BY LOCAL REG. 10-17-1962	26. REGISTRAR'S SIGNATURE Anna E. Jerry

USE BLACK INK OR TYPEWRITER RIBBON

JAN 11 1963

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 May W. Dickering

Licensed Embalmer No. 4696

P. O. Address El Paso, Texas, Mo.

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.