

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12233

State File No. \_\_\_\_\_

46  
20

BIRTH NO. _____		REG. DIST. NO. <u>143</u>		PRIMARY REG. DIST. NO. <u>4232</u>		Registrar's No. <u>8514</u>			
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>TEXAS/09</u>					
b. CITY OR TOWN <u>Willow Springs</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY OR TOWN <u>Cass Jux - 0</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u>			a. (First)		b. (Middle)		c. (Last) <u>Salisbury</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1949</u>		5. SEX <u>F. /</u>		6. COLOR OR RACE <u>w.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>aug 22 1879</u>	
9. AGE (in years last birthday) <u>69.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ky!</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>HENDERSON ROBERTS</u>			13b. MOTHER'S MAIDEN NAME <u>Ann Haywood</u>			14. NAME OF HUSBAND OR WIFE <u>Jim Salisbury solo mo</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Robert Bailey Willow Springs</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio vascular renal</u> DUE TO (c) <u>disease</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>421</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>4-8-49</u> to <u>4-13, 1949</u> , that I last saw the deceased alive on <u>4-13, 1949</u> , and that death occurred at <u>9:45 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. D. Musser, M.D.</u>				23b. ADDRESS <u>Willow Springs, MO</u>		23c. DATE SIGNED <u>April 15 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Solo Texas Co MO</u>			
DATE REC'D BY LOCAL REG. <u>April 18, 1949</u>		REGISTRAR'S SIGNATURE <u>Mardalee Ballard</u>		387		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Garland J. Elliott Cass Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 5,

District File Number 449301

Date Filed 4-28-49

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 .....  
Student Embalmer

Signed Gaylord V Elliot

Licensed Embalmer No. 22572

P. O. Address Cuba St

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 this body is not embalmed, fact should be so stated above.