

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 22751
Registrar's No. 253

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BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5160 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Calwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Calwood</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1 Fulton, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. #1 Fulton, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Salmons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 19, 1873</u>
9. AGE (In years last birthday) <u>76</u>	10. MONTHS <u>5</u>	11. HOURS <u>5</u>	12. MINUTES <u>0</u>
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>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Elijah Salmons</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Henson</u>	
14. NAME OF HUSBAND OR WIFE <u>Clara Salmons</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>dk</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J.F. Salmons</u>		ADDRESS <u>R.F.D. #1 Fulton, Mo.</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, asphyxia, 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) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>generalized arteriosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>July 10, 1949</u> , to <u>July 24, 1949</u> , that I last saw the deceased alive on <u>July 24, 1949</u> , and that death occurred at <u>1:45a m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. B. Nichols M.D.</u>		23b. ADDRESS <u>Lex Vasse Mo</u>	
23c. DATE SIGNED <u>7/25/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 26, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 26-1949</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. J. M. Margin</u>		ADDRESS <u>Fulton</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 1 1949
District Health Officer No. 9
District File Number

AUG 1 0 1949

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.

Signed _____
Student Embalmer

Signed

Walter J. Haine, Jr.

Licensed Embalmer No. *4557*

P. O. Address *Fulton*

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.