

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41507

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeSoto		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeSoto	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 422 South Second		d. STREET ADDRESS 422 South Second	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) c. (Last) Salisbury			4. DATE OF DEATH Dec. 11 1949
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH March 10, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired carpenter		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 67
11. BIRTHPLACE (State or foreign country) Fort Gay W. Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Beverly Salisbury		13b. MOTHER'S MAIDEN NAME Jenny Benson	14. NAME OF HUSBAND OR WIFE Ella Salisbury
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 498 05 4458	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Otto Salisbury DeSoto Missouri
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) Lympho-Sarcoma - Gen. Metastasis - Primary undet. 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Lympho-sarcoma	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)	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 22 Aug, 1949, to 11 Dec, 1949, that I last saw the deceased alive on 10 Dec, 1949, and that death occurred at 8 p. m., from the causes and on the date stated above.			
23a. SIGNATURE Marie R. Karpis M.D.		23b. ADDRESS DeSoto Mo.	23c. DATE SIGNED 13 Dec 49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/14/49	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) DeSoto Missouri
DATE REC'D BY LOCAL REG. 12/16/49	REGISTRAR'S SIGNATURE Marie Karpis	25. FUNERAL DIRECTOR'S SIGNATURE Donald B. Dretsch	ADDRESS DeSoto Mo.

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

JEFFERSON COUNTY HEALTH DEPT,
HILLSBORO, MISSOURI

DATE RECEIVED 12-20-49

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 _____

Geray F. Melster

Student Embalmer No. *346*

working under my personal supervision.

Geray F. Melster
Student Embalmer

Signed *Jamell B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address *Sedato 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 this body is not embalmed, fact should be so stated above.