

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21591

State File No. ....

BIRTH NO. 42622-55 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY OR TOWN <u>Jefferson - City</u> c. LENGTH OF STAY (in this place) <u>20 min</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARAK - FRANKLIN 0660</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospice</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi. S. W. Eldon</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pandy</u> b. (Middle) <u>Salisbury</u> c. (Last) <u>Salisbury</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1955</u>
5. SEX <u>MALE</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>	8. DATE OF BIRTH <u>28 July 55</u> 9. AGE (In years if under 1 year last birthday) Months Days Hours Min. <u>- - - 20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>child</u>
11. BIRTHPLACE (State or foreign country) <u>Jefferson - City - Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Howard - Salisbury</u>	13b. MOTHER'S MAIDEN NAME <u>Janet - Meyer</u>	14. NAME OF HUSBAND OR WIFE <u>NOT - MARRIED</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Howard - Salisbury</u> ADDRESS <u>500 N. ELDON</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Premature Birth</u> <i>(2 months gestation)</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u>	DUPLICATE (b) <u>(2 months gestation)</u>		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE (c) <u>776X</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>

22. I hereby certify that I attended the deceased from July 28, 1955 to July 29, 1955 that I last saw the deceased alive on July 28, 1955 and that death occurred at 500 E.A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Jeff City, Mo.</u>	23c. DATE SIGNED <u>July 28, 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>29 July 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dooley</u>
24d. LOCATION (City, town, or county) (State) <u>Miller Co - Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Eldon Mo</u>
DATE REC'D BY LOCAL REG <u>July 29 - 1955</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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

**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 \_\_\_\_\_

Licensed Embalmer No. 3928

P. O. Address Eldon 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.