

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33310

STATE FILE NUMBER

FILED OCT 29 1956

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 282

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Portland</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway em. Hosp.</u>			Length of stay in lb <u>11 Days</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>William Addison Salmons</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>26</u> Year <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 24, 1881</u>		9. AGE (In years last birthday) <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (City and state or country) <u>Callaway County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Alexander Salmons</u>				14. MOTHER'S MAIDEN NAME <u>Celia Frances Henson</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. <u>494 10 3880</u>		17. INFORMANT Address <u>Margaret Salmons Portland Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Toxemia of myocardial failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bronchial pneumonia</u> DUE TO (c) <u>Pylonephritis & cystitis, acute</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Hypertensive arteriosclerosis CVR yrs 6000</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 wks</u> <u>3 wks +</u>
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.)					
20c. TIME OF INJURY Hour <u>4:40 PM</u> Month <u>Oct</u> Day <u>26</u> Year <u>56</u>							
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.) <u>9 Jan 56</u>		20f. CITY, TOWN, OR LOCATION <u>Portland</u>		COUNTY <u>Callaway</u> STATE <u>MO.</u>	
21. I attended the deceased from <u>9 Jan 56</u> to <u>26 Oct 56</u> and last saw <u>him</u> <u>live on</u> <u>26 Oct 56</u> Death occurred <u>4:40 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>T. A. [unclear]</u> (Degree or title)				22b. ADDRESS <u>5 East 5th., Fulton, MO.</u>		22c. DATE SIGNED <u>27-10-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 28/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>		23d. LOCATION (City, town, or county) (State) <u>Callaway County Mo.</u>		
24. FUNERAL DIRECTOR <u>Margie Funeral Home Fulton Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Oct 27-1956</u>		26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	

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 *John Ross*.....

Licensed Embalmer No. *258*

P. O. Address *Authton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.