

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014667

STATE FILE NUMBER

FILED MAY 6 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 203

5. 300  
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>JASPER</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>JOPLIN 0495</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FREEMAN HOSP.</b>			Length of stay in 1b <b>40 Wks.</b>		d. STREET ADDRESS (If outside, give location) <b>714 IND.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>HARRY</b> Middle Last <b>SALISBURY</b>				4. DATE OF DEATH Month <b>APR</b> Day <b>19</b> Year <b>1958</b>							
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>MAY 6, 1880</b>		9. AGE (In years last birthday) <b>77</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DAIRYMAN</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>AGRICULTURE</b>		11. BIRTHPLACE (City and state or country) <b>POCAHONTAS Co., IOWA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>				
13a. FATHER'S NAME <b>MARTIN SALISBURY</b>			13b. MOTHER'S MAIDEN NAME <b>MARY VAN ATTA</b>			14. NAME OF HUSBAND OR WIFE <b>EMMA SALISBURY</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <b>no</b> or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>EMMA SALISBURY</b> Address <b>JOPLIN, MO</b>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Adenocarcinoma of the stomach</b>							INTERVAL BETWEEN ONSET AND DEATH <b>19 months</b>				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____							<b>151X</b>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) <b>Peripheral arteriosclerosis</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>				
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 _____ a.m. _____ p.m.											
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from <b>7-25-57</b> to <b>4-19-58</b> and last saw him <b>live</b> on <b>4-18-58</b> Death occurred at <b>345 A.</b> on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <b>B. E. DeTan Jr. M.D.</b>				22b. ADDRESS <b>410 Jackson, Joplin, Mo.</b>				22c. DATE SIGNED <b>4-24-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)				
<b>BURIAL</b>		<b>APR. 21, 1958</b>		<b>STARK MEM. PARK</b>			<b>JOPLIN, MO.</b>				
24. FUNERAL DIRECTOR <b>AVELANT-GLOVER, Joplin</b>				25. DATE RECD. BY LOCAL REG. <b>5-1-1958</b>		26. REGISTRAR'S SIGNATURE <b>Dorice Merriam</b>					

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 Paul Green.....

Licensed Embalmer No. 4593

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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