

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020729

STATE FILE NUMBER

Registration District No. 373 Primary Registration District No. 4545 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MD 1120</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARSHFIELD</u>		c. CITY OR TOWN <u>MARSHFIELD</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		<u>421 E BUREFORD</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
<u>HERBERT NOAH SALSMAN</u>			<u>MAY 17 1958</u>		
First	Middle	Last	Month	Day	Year
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 27 1896</u>		9. AGE (In years last birthday) <u>62</u>		10. FUNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET MINISTER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>JACOB SALSMAN</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY NORTON</u>		14. NAME OF HUSBAND OR WIFE <u>GINNA</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I.</u>		16. SOCIAL SECURITY NO. <u>702-07-5511</u>		17. INFORMANT <u>RAYMOND SALSMAN</u>	
				Address <u>SPRINGFIELD</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>ACUTE CIRCULATORY FAILURE</u>			
DUE TO (b) <u>CORONARY THROMBOSIS</u>			
DUE TO (c) <u>ARTERIOSCLEROSIS</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<u>4201</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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <u>11-17-50</u> to <u>5-17-58</u> and last saw ^{him} _{her} alive on <u>5-16-58</u> Death occurred at <u>7:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. Blinn M.D.</u>		22b. ADDRESS <u>Marshfield, Mo.</u>		22c. DATE SIGNED <u>5/22/58</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>5-20-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT VIEW</u>		23d. LOCATION (City, town, or county) (State) <u>WEBSTER CO MO</u>	
24. FUNERAL DIRECTOR <u>BARBER EDWARDS</u>		ADDRESS <u>MARSHFIELD</u>		25. DATE RECD. BY LOCAL REG. <u>5-22-58</u>		26. REGISTRAR'S SIGNATURE <u>J. Blinn</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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Health,
Welfare
Public
Service

FILED MAY 26 1958

MAY 26 1958

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 *George Stapp*

Licensed Embalmer No. *31621*

P. O. Address *Mt. Laurel, Pa.*

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.