

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047051

FILED VS. DEC 29 1960

274

Primary Registration District No. 305-2

Registrar's No. 432

STATE FILE NUMBER

INDEXED

BY AFFIDAVIT OF MEDICAL CERTIFICATION Marriage License Fun. Dir. DOCUMENT Marriage License

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caundenton</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dresden</u>		Length of stay in 1b —		c. CITY OR TOWN <u>Caundenton</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>2 mi West of Dresden</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) —		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Robert Wayne Salsman</u>				4. DATE OF DEATH Month Day Year <u>Dec 19, 1960</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 checked="" type="checkbox"/>		8. DATE OF BIRTH <u>4-11-26</u>	9. AGE (last birthday) <u>34</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Caundenton Co.</u>		11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>William T. Salsman</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Hooley</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Ellen</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWII - Korea</u>			16. SOCIAL SECURITY NO. <u>497-26-0073</u>		17. INFORMANT Address <u>Mrs. Helma Edwards - Hughesville</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>Fractured skull and</u> DUE TO (b) <u>Fractured cervical spine</u> DUE TO (c) <u>sudden</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Hit by railroad train while driving across crossing 2 miles W, Dresden, Mo</u>				
20c. TIME OF INJURY Hour <u>2:00</u> p.m. Month, Day, Year <u>12-19-60</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public highway</u>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Pettis</u>		COUNTY <u>Pettis</u>		STATE <u>Mo</u>		
21. I attended the deceased from <u>viewed</u> at <u>home</u> and last saw him alive on <u>Dec 19, 1960</u> Death occurred at <u>2:05 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Oliver Gordon Huffelhuber</u>				22b. ADDRESS <u>Crossing Pettis Co -</u>			22c. DATE SIGNED <u>12-19-60</u>	
23a. BURIAL, CREMATION, REPOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 21, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Freedom</u>		23d. LOCATION (City, town, or county) (State) <u>Linn Creek, Mo</u>			
24. FUNERAL DIRECTOR <u>Robt Reed - Caundenton, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>12-19-1960</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>		

JAN 10 1961

JAN 24 1961

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed K.P.M. Cray

Licensed Embalmer No. 3153

P. O. Address Sedalia

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.