

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045019

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6157 STATE FILE NUMBER

UNAMENDED **FILED DEC 22 1961**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 43 yrs.	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6117 Holmes
3. NAME OF DECEASED (Type or print) First James Middle M. Last Salter		4. DATE OF DEATH Month December Day 5 Year 1961	

5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-15-1883	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired treasurer	10b. KIND OF BUSINESS OR INDUSTRY K. C. Southern R.R.	11. BIRTHPLACE (City and state or country) Lancaster, Ky.	12. CITIZEN OF WHAT COUNTRY U. S.
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13a. FATHER'S NAME Gabriel Jones Salter	13b. MOTHER'S MAIDEN NAME Maggie Yantis	14. NAME OF HUSBAND OR WIFE Stella
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	17. INFORMANT Address Stella Salter 6117 Holmes
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) apoplexy		INTERVAL BETWEEN ONSET AND DEATH 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arteriosclerotic cardio vascular disease	
	DUE TO (c)	

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 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 state that the date of death is 1961 to 12-5-61 and that I saw her alive on 12-5-61.
Death occurred at 11:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harry K. Cohen M.D.	22b. ADDRESS 751 E. 63rd. St.	22c. DATE SIGNED 12-6-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 12-6-61	23c. NAME OF CEMETERY OR CREMATORY Rose Hill	23d. LOCATION (City, town, or county) (State) Texarkana Tex.
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24. FUNERAL DIRECTOR D. W. Newcomer's Sons Brush Creek Blvd.	25. DATE RECD. BY LOCAL REG. 12-7-61	26. REGISTRAR'S SIGNATURE Ruth Long
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF **Harry K. Cohen**

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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K C. 5th

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.

P. O. Address _____

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.
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