

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27165**
3498

FILED AUG 25 1951

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson 0		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater 0971	
c. LENGTH OF STAY (In this place) 14 Days		d. STREET ADDRESS (If rural, give location) 224 Locust	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) Christopher c. (Last) Salzer			4. DATE OF DEATH (Month) (Day) (Year) Aug 14 - 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH Oct 1st 1892		9. AGE (In years last birthday) 58		9. AGE (In years last birthday) 10 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director			10b. KIND OF BUSINESS OR INDUSTRY Jones & Salzer		11. BIRTHPLACE (State or foreign country) Glasgow O Mo
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME Christopher Salzer		13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE Florence Salzer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 1st World War		17. INFORMANT'S SIGNATURE OR NAME Miss Audrey Salzer ADDRESS Slater Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 10 days
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Subarachnoid Hemorrhage			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bacterial Hypertension DUE TO (c) Carcinoma of Prostate with metastases			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Pressure skull Resection - Diagnosis of Carcinoma Prostate			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 31, 1951**, to **Aug 14, 1951**, that I last saw the deceased alive on **Aug 14, 1951** and that death occurred at **3:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Carl R. Ferris MD (Degree or title)		23b. ADDRESS 93 1/2 High St		23c. DATE SIGNED 8-14-51	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Aug 16-1951		24c. NAME OF CEMETERY OR CREMATORY Slater City Cemetery	
24d. LOCATION (City, town, or county) (State) Slater Mo		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C. L. Forster		ADDRESS 918 Brooklyn	
DATE REC'D BY LOCAL REG 8-15-51		REGISTRAR'S SIGNATURE Lorraine Holmes			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 30 1951

JUN 22 1954

OCT 1 1952

JUL 15 1954

AUG 26 1954

JUL 19 1954

AUG 9 1954

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Sam Clark*

Signed.....
Student Embalmer

Licensed Embalmer No. *4216*

P. O. Address *K. C., MO.*

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