

FILED OCT 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33819  
4139

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>PEORIA</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>PEORIA</b>	
c. LENGTH OF STAY (in this place) <b>1 MONTH</b>		d. STREET ADDRESS (If rural, give location) <b>2626 CAMPBELL STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>RUBY</b>		b. (Middle)		c. (Last) <b>SALISBURY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT-26-1951</b>	
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5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>FEB-15-1885</b>		9. AGE (in years last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>ILLINOIS</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
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13a. FATHER'S NAME <b>UNKNOWN</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NO ONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. KAY KIRBY</b> ADDRESS <b>FORT LAUDERDALE Fla.</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of sigmoid with metastasis - fibrosarcoma.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>27 years</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>153+</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Aug**, 1951, to **Sept**, 1951, that I last saw the deceased alive on **Sept 26**, 1951, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ralph B. Samson MD</b> (Degree or title)		23b. ADDRESS <b>1210 Professional Bldg. City, Mo.</b>		23c. DATE SIGNED <b>Sept 28, 51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		24b. DATE <b>SEPT 28, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>DW. NEWCOMER'S SONS</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
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DATE REC'D BY LOCAL REG. <b>9-28-51</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer's Sons</b> ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Dr. F. B. Campbell  
At. Manager's Office

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.....

*Robert P. Wilson*

Signed.....

Student Embalmer

Licensed Embalmer No.....

4849

P. O. Address.....

*A. 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.