

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38246**

FILED DEC 11 1951

730

BIRTH NO. _____		REG. DIST. NO. <b>243</b>		PRIMARY REG. DIST. NO. <b>5831</b>		Registrar's No. <b>25</b>	
1. PLACE OF DEATH a. COUNTY <b>Newton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Franklin</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Franklin 1730</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At home</b>				d. STREET ADDRESS (If rural, give location) <b>Stark City R#</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Wilbur</b> b. (Middle) <b>E</b> c. (Last) <b>Salsman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 26 1951</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 8 1924</b>		9. AGE (In years last birthday) <b>27</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>18</b>	IF UNDER 6 HRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Invalid</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Melvin M. Salsman</b>		13b. MOTHER'S MAIDEN NAME <b>Lacy Rollan</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Melvin M. Salsman Stark City, Mo #</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Regenerative Heart Anemia</b> ANTECEDENT CAUSES <b>Cellular or General Anemia</b> DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (c) <b>To Value of Heart Lesions</b> II. OTHER SIGNIFICANT CONDITIONS <b>This party has had this trouble for several years</b> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>according to history of case</b>				20. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <b>Stark City MO</b>			
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 <b>Nov. 1</b> , 1951, to <b>Nov. 26</b> , 1951, that I last saw the deceased alive on <b>Jan 26</b> , 1951, and that death occurred at <b>8:45 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Leo W. Freeman M.D.</b>				23b. ADDRESS <b>Purdy Mo R#2</b>		23c. DATE SIGNED <b>11-29-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-30-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dice Cemetary</b>		24d. LOCATION (City, town, or county) (State) <b>Fairview, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>12-1-1951</b>		REGISTRAR'S SIGNATURE <b>Alpha Dyer 364</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Morris Poe</b>		ADDRESS <b>Purdy Mo</b>	

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

RECEIVED

District Health Officer No. NEWLIN COUNTY HEALTH UNIT  
District File Number 1251-378  
Date Filed DEC 4 1951

NEOSHO, MISSOURI

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 \_\_\_\_\_  
Student Embalmer

Signed W. Merritt Payne

Licensed Embalmer No. 3482

P. O. Address Wheaton 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.