

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35697

State File No. ....

FILED OCT 19 1953

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>218</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>28 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		d. STREET ADDRESS (If rural, give location) <u>407 So. Second St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. Franklin St. Clinton</u>				3. NAME OF DECEASED a. (First) <u>Lindsay</u> b. (Middle) <u>Howard</u> c. (Last) <u>Salmon</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7 1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 24, 1905</u>		9. AGE (In years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hatcheryman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hatchery</u>	
11. BIRTHPLACE (State or foreign country) <u>Blairstown, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John J. Salmon</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Elizabeth Drake</u>	
14. NAME OF HUSBAND OR WIFE <u>Thelma Salmon</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-05-9349</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. Blairstrom</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>monoxide poisoning.</u> ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9733</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>monoxide poisoning</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Office</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton Henry Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 P</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>D.P.A.</u> 19 <u>53</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R.O. Powell De 2 Coronor</u>				23b. ADDRESS <u>Clinton Mo 6500-53</u>		23c. DATE SIGNED <u>Oct 10 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 10 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Engelwood</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 10-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Eugene R. Casada</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 16 1958

**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

*Eugene R. Consalvo*

Licensed Embalmer No. 4680

P. O. Address Clinton, Ma

**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.