

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9318**

FILED APR 12 1954

BIRTH NO. _____		REG. DIST. NO. <u>184</u>	PRIMARY REG. DIST. NO. <u>3038</u>	Registrar's No. <u>377</u>
1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> <u>0582</u>		
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>107 Shelby St</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>107 Shelby St</u>		d. STREET ADDRESS (If rural, give location) <u>107 Shelby St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u>		b. (Middle) <u>J.</u>		c. (Last) <u>SALISBURY</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>4-3-54</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>11-15-1895</u>	9. AGE (In years last birthday) <u>58</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Salisbury</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Griffith</u>		14. NAME OF HUSBAND OR WIFE <u>Mamie</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clara Smith, Linn</u> ADDRESS <u>Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Measenteric Mesenteric</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> <u>2 days</u> <u>53 years</u> <u>23 years</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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) _____
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? _____
22. I hereby certify that I attended the deceased from <u>April 10, 1953</u> , to <u>April 3, 1954</u> , that I last saw the deceased alive on <u>April 3, 1954</u> , and that death occurred at <u>12:22 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Dr. Johnson M.D.</u> (Degree or title)		23b. ADDRESS <u>211 Linn Brookfield Mo.</u>		23c. DATE SIGNED <u>4/4/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-5-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Linn, Missouri</u>
DATE REC'D BY LOCAL REG. <u>4-5-54</u>		REGISTRAR'S SIGNATURE <u>Nadine Starbuck, Dy</u> <u>167-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers, Linn</u> ADDRESS <u>Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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 WR Wright

Licensed Embalmer No. 4655

P. O. Address Leeds, 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.