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S. No. 300
Rev. 10.48

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

FILED FEB 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7755

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6145 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Shelby
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Salt River Twsp
c. LENGTH OF STAY (in this place): 1 Year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Hdw #36 – 3 Miles ~~East~~ West of Shelbina

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shelby
c. CITY OR TOWN: Shelbina
d. Is Residence within limits of a city or incorporated town? Yes XX No ☐
STREET ADDRESS (If rural, give location): 1020

3. NAME OF DECEASED (Type or Print)
a. (First): Jane
b. (Middle): Gale
c. (Last): Salisbury

4. DATE OF DEATH (Month) (Day) (Year): Feb. 11, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 18, 1920
9. AGE (In years last birthday): 35 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Hannibal, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ephraim Vaught
13b. MOTHER'S MAIDEN NAME: Ruby L. White
14. NAME OF HUSBAND OR WIFE: Clarence Salisbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): – – – – –
16. SOCIAL SECURITY NO.: 487 24 6271
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Hester Gaines, Shelbina, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broken Neck — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Automobile Wreck
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Inquest deemed unnecessary

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street 43 & W 36
21c. (CITY, TOWN, OR TOWNSHIP): 102 **(COUNTY)**: Shelby **(STATE)**: Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 11 1956 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Wreck

22. *I hereby certify that I attended the deceased from* —, *19*____, *to* —, *19*____, *that I last saw the deceased alive on* —, *19*____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C W Musgrove (Coroner)
23b. ADDRESS: Bethel Missouri
23c. DATE SIGNED: Feb 23-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 14, 1956
24c. NAME OF CEMETERY OR CREMATORY: Shelbina Cemetery
24d. LOCATION (City, town, or county) (State): Shelbina, Missouri

DATE REC'D BY LOCAL REG.: 2-25-56
REGISTRAR'S SIGNATURE: Ada Garrison 419
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E. Hayes, Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1958

MAY 22 1958

APR 24 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 2719

P. O. Address Bethel, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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