Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025770

STATE FILE NUMBER

FILED JUL 25 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3289

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City, Mo — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Luke's Hospital — Length of stay in 1b: 1 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Independence — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Rte 3 Box 528 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: RONALD Middle: D. Last: SALMON

4. DATE OF DEATH Month: 7 Day: 2 Year: 1958

5. SEX: MALE **6. COLOR OR RACE:** White **7. MARRIED** [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 3-31-1957

9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months: 3 Days: 2 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (City and state or country): Independence Mo

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Richard Salmon

13b. MOTHER'S MAIDEN NAME: Betty Hibbs

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Richard Salmon Address: Indep. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Emboli	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Bufaria vena cava thrombosis	5 days
DUE TO (c)	Cerebellar tumor, probably benign.	birth

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 223 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2 June 1958, to 2 July 1958 and last saw ~~her~~ him alive on 1 July 1958. Death occurred at 9:42 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Fred D. Fowler MD

22b. ADDRESS: 4706 Broadway Kansas City 12, Mo.

22c. DATE SIGNED: 3 July 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: July 3, 1958

23c. NAME OF CEMETERY OR CREMATORY: —

23d. LOCATION (City, town, or county) (State): Bethany, Mo.

24. FUNERAL DIRECTOR ADDRESS: Geo. C. Carson - Indep. Mo.

25. DATE RECD. BY LOCAL REG.: 7-3-58

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Fred D. Fowler

Mar 1 - 1950

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 .....
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indep., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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