

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012308
STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fulton</u> 0436 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Univ. Medical Center</u>		Length of stay in lb <u>12 days</u>	d. STREET ADDRESS (If outside, give location) <u>Box 35 Short St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED First Middle Last
Jessie Horn Salmons

4. DATE OF DEATH Month Day Year
April 23, 1959

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH 5-8-14 9. AGE (In years last birthday) 44
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) House wife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Jefferson City, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Luster Horn 13b. MOTHER'S MAIDEN NAME Amanda Williams 14. NAME OF HUSBAND OR WIFE James Salmons

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT J. R. Salmons, Rt. 3, Fulton Mo
Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL EDEMA INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS
DUE TO (b) MENINGEAL FIBROBLASTOMA, OLFACTORY GROW 2 1/2 YEARS
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 223x 19. WAS AUTOPSY PERFORMED? YES NO

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 Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT NOT WHILE WORK 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 APRIL 15, 1959 to APRIL 23, 1959 and last saw her alive on APRIL 23, 1959
Death occurred at 8:25 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Warren P. Sights, M.D. 22b. ADDRESS 807 Stadium Road, Columbia, Mo 22c. DATE SIGNED 4/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Apr 25 1959 23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem 23d. LOCATION (City, town, or county) (State) Fulton Mo

24. FUNERAL DIRECTOR Wallace Funeral Home ADDRESS Fulton Mo 25. DATE RECD. BY LOCAL REG. Apr 23 1959 26. REGISTRAR'S SIGNATURE Mrs R E Palomex

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

APR 28 1959

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 *Dwight C. Browner*

Licensed Embalmer No. *2724*.....

P. O. Address *Fallon, Md.*

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.