

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018907

FILED VS MAY 25 1960

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>	Length of stay in lb <u>33 years</u>	c. CITY OR TOWN <u>Kennett</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>HOSPITAL</u> HOSPITAL OR INSTITUTION <u>Dunklin County Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>1301 1st St - Kennett, Mo.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>Paul</u> Last <u>Salmon</u>			4. DATE OF DEATH Month <u>5</u> Day <u>16</u> Year <u>1960</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-8-1890</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Embalmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Funeral Home</u>		11. BIRTHPLACE (City and state of country) <u>Hickman County - Ky.</u>		12. CITIZEN OF WHAT COUNTRY <u>American</u>
13a. FATHER'S NAME <u>John Oscar Salmon</u>		13b. MOTHER'S MAIDEN NAME <u>Sue Kennedy</u>		13c. NAME OF HUSBAND OR WIFE <u>Neva Rowe Salmon</u>		
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. <u>488-34-6755</u>		17. INFORMANT <u>Neva Rowe Salmon</u> Address		

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) <u>Emphysema (chronic)</u>		<u>3 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Pulmonary Tuberculosis (predet)</u>	
	DUE TO (c) <u>Cor Pulmonale</u>	<u>3 y -</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>Jan. 1, 1955</u> to <u>May 16, 1960</u> and last saw him alive on <u>May 15, 1960</u> Death occurred at <u>Kennett Mo - 1301 1st St</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Paul Salmon M.D.</u>		22b. ADDRESS <u>Kennett Mo</u>	22c. DATE SIGNED <u>5-16-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-17-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Charleston Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Charleston Mo.</u>

24. FUNERAL DIRECTOR <u>Balderson Funeral Home</u> <u>Kennett Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>5-17-1960</u>	26. REGISTRAR'S SIGNATURE <u>Paul H. Hushon</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 25 1960

JUN 7

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

J. W. Schumann

Licensed Embalmer No. 4086

P. O. Address Malden

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.