

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004661
STATE FILE NUMBER

AMENDED 042 1000 196
Registration District No. Primary Registration District No. Registrar's No.

FILED VS FEB 27 1961

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Buchanan</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Joseph</i>	Length of stay in 1b <i>37 years</i>	c. CITY OR TOWN <i>St. Joseph</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Methodist Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>1812 Faraon St.</i>

3. NAME OF DECEASED (Type or print) First <i>Orman</i> Middle Last <i>Salisbury</i>	4. DATE OF DEATH Month <i>February</i> Day <i>20</i> Year <i>1961</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Apr. 27, 1878</i>	9. AGE (last birthday) <i>82</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Minister</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Church</i>	11. BIRTHPLACE (City and state or country) <i>Carroll County, Iowa</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>Benar Salisbury</i>	13b. MOTHER'S MAIDEN NAME <i>Martha Kendall</i>	14. NAME OF HUSBAND OR WIFE <i>Early May Trotter</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Address <i>Mrs. Early May Trotter 1812 Faraon St.</i>
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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) <i>Ventricular (left) dilatation</i>	DUE TO (b) <i>Calcific aortic stenosis</i>	<i>Months</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) <i>Arteriosclerotic & rheumatic heart disease</i>	<i>Years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Congestive heart failure. Coronary insufficiency</i>		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.)
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20c. TIME OF INJURY Hour <i>11:15</i> Month, Day, Year <i>2/4/61</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from *2/4/61* to *2/20/61* and last saw him alive on *2/20/61*
Death occurred at *11:15* p m on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE <i>Gayl A. Potter Jr. M.D.</i> (Degree or title)	22b. ADDRESS <i>Physicians & Surgeons Bldg.</i>	22c. DATE SIGNED <i>2-21-61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Feb. 25, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i> (State) <i>St. Joseph, Mo.</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Clark Funeral Home St. Joseph, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>Feb. 21, 1961</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 SHOULD READ
 BY AFFIDAVIT OF
 CERTIFICATION
C. A. Potter, Jr., M.D.

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 *Emma Clark*

Licensed Embalmer No. 4238
P. O. Address *St Joseph*

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.