

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9376

State File No.

BIRTH NO. 49-016751 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 84

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

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russel Washington Township</u>		13. CITIZEN OF WHAT COUNTRY? <u>Missouri</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Russel Washington Township</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Patricia</u> b. (Middle) <u>Ann</u> c. (Last) <u>Sollars</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 19 49</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>3-11-49</u>	9. AGE (In years last birthday) <u>8</u>	10. F UNDER 1 YEAR Days <u>8</u> F UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Nodaway County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Darrell Sollars</u>		13b. MOTHER'S MAIDEN NAME <u>Mary West</u>		14. NAME OF HUSBAND OR WIFE <u></u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Darrell Sollars Truinity Iowa</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Microthulic Idiopathic Congenital</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. <u>Bilateral Congenital Club Feet, No residuals on left side Club Foot Right.</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u></u>			INTERVAL BETWEEN ONSET AND DEATH <u>7546</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>3-11</u> , 19 <u>49</u> to <u>3-19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-19</u> , 19 <u>49</u> and that death occurred at <u>12 AM</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. H. Biedert, D.O.</u>			23b. ADDRESS <u>Truinity, Iowa</u>		23c. DATE SIGNED <u>3-19-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Truinity Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Truinity, Iowa</u>		
DATE REC'D BY LOCAL REG. <u>3-31-49</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank Wetmore, Jr. Pella, Iowa</u>		

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 _____

Self

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Frank Wetmore Jr*
Licensed Embalmer No. *4517*

P. O. Address *Bedford, Iowa*

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