

FILED JUN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15801

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

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 142

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall 0972</u> | |
| c. LENGTH OF STAY (in this place) <u>21 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp no 1</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Agnes</u> b. (Middle) <u>Solomon</u> c. (Last) <u>Jane</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1951</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>OK. About 68</u> |
| 9. AGE (In years last birthday) <u>68</u> | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (State or foreign country) <u>Saline Co Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | | 13a. FATHER'S NAME <u>Solomon</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>?</u> | | 14. NAME OF HUSBAND OR WIFE <u>?</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>no</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Hosp files 1941</u> | | ADDRESS <u>Fulton Mo</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>Chronic myocarditis</u> <u>Cardiac infarction</u> ANTECEDENT CAUSES <u>acute exudative pericarditis</u> DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>General Obesity</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4/201</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | | 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>July 1, 1950</u> , to <u>May 16, 1951</u> , that I last saw the deceased alive on <u>May 16, 1951</u> , and that death occurred at <u>11:40 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>J. Stuntner</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Fulton Mo</u> | |
| 23c. DATE SIGNED <u>May 16 1951</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-21-51</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>State Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>May 21 1951</u> | | REGISTRAR'S SIGNATURE <u>Maritta Lawrence</u> 426 | |
| FUNERAL DIRECTOR'S SIGNATURE <u>C.C. Weeks</u> | | ADDRESS <u>Fulton Mo</u> | |

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 28 1951

RECEIVED

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.