

FILED NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32446

State File No.

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4007 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Andrew</u>	
b. CITY OR TOWN <u>Amazonia</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN <u>Amazonia</u>	
		d. STREET ADDRESS (If rural, give location) <u>0070</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>SANFORD</u> c. (Last) <u>SOLLARS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 22 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>JAN 25 1879</u>		9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR <u>8</u> Days <u>29</u> IF UNDER 24 Hrs. <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Amazonia - Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>

13a. FATHER'S NAME <u>Elisha B. Sollars</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Taylor</u>		14. NAME OF HUSBAND OR WIFE	
---	--	---	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ethel Dyant</u> ADDRESS <u>Independence Mo</u>		
--	--	------------------------------------	---	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		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>4222</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) (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 Aug 19, 1949, to Aug. 11, 1951, that I last saw the deceased alive on Aug. 18, 1951, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

22a. SIGNATURE <u>W. Maxwell, D.O.</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>307 W. Main, Savannah, Mo.</u>		22c. DATE SIGNED <u>Oct. 25, 1951</u>
---	--	--	--	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-26-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>	24d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u>	
---	-----------------------------	--	--	--

DATE REC'D BY LOCAL REG. <u>10/27/51</u>	REGISTRAR'S SIGNATURE <u>Lillian Spahr</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home</u> ADDRESS <u>SAVANNAH MO</u>	
--	--	--	---	--

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

0070
1

2577



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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah mo

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.