

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3580**

FILED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall		c. CITY (If outside corporate limits, write RURAL and give township) Marshall	
c. LENGTH OF STAY (In this place) 2 years		d. STREET ADDRESS (If rural, give location) 371 West Yerby	
d. FULL NAME OF HOSPITAL OR INSTITUTION 371 West Yerby			
3. NAME OF DECEASED a. (First) Carl		b. (Middle) Jacob	
c. (Last) Solomon		4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 4, 1898
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months 7 Days 24	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Solomon		13b. MOTHER'S MAIDEN NAME Louisa Haberman	
14. NAME OF HUSBAND OR WIFE Solomon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Carl Solomon Marshall, Mo.		ADDRESS Marshall, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
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 4201	
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)		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 Dec 30, 1951 to Jan 28, 1952 ; that I last saw the deceased alive on Jan 28, 1952 , and that death occurred at 9:45 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE James C. Reid		23b. ADDRESS Marshall, Mo.	
23c. DATE SIGNED 1-29-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 30, 1952	
24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery		24d. LOCATION (City, town, or county) (State) Marshall, Mo.	
DATE REC'D BY LOCAL REG. Jan 30, 1952		REGISTRAR'S SIGNATURE Widney F. Gray	
25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis		ADDRESS Marshall, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 James H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.