

STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1954

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>L2 Gyng</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>L2 Gyng</u> <u>0560</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No St. Address</u>		d. STREET ADDRESS (If rural, give location) <u>No St. Address</u>	
3. NAME OF DECEASED (First) <u>Dora</u> (Type or Print)		b. (Middle) <u>Maxie</u> c. (Last) <u>Solter</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18-1954</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>wht.</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH (Month) (Day) (Year) <u>May 3, 1902</u>	
9. AGE (In years last birthday) <u>51</u> IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H-Wife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Soundry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>L2 Gyng, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>Adam Wolfmeyer</u>	
13b. MOTHER'S MAIDEN NAME <u>Julia Przew</u>		14. NAME OF HUSBAND OR WIFE <u>Carl Solter</u>	
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>492286193</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>My. Carl Solter</u>		ADDRESS <u>L2 Gyng, Mo.</u>	
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) <u>CARCINOMA LIVER & OMENTUM</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <u>12/29/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>CANCER LIVER + OMENTUM</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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>1/8</u> , 19 <u>54</u> , to <u>1/18</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1/18</u> , 19 <u>54</u> , and that death occurred at <u>6:25 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. E. Ellis, M.D.</u> (Degree or title)		23b. ADDRESS <u>L2 Gyng, Mo.</u>	
23c. DATE SIGNED <u>1/22/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JAN. 21, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rock River View Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>L2 Gyng, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/26/54</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Kenneth Bailey</u>		ADDRESS <u>L2 Gyng, Mo.</u>	

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

APR 3 1956

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 J. Kenneth Bailey

Licensed Embalmer No. 4248

P. O. Address La Grange, Ill.

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.