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

FILED DEC 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37978

BIRTH NO. _____ REG. DIST. NO. 700 PRIMARY REG. DIST. NO. 3041 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
d. STREET ADDRESS (If rural, give location): North Jackson St. 0641 D

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): PAUL
c. (Last): SOLDAN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1 1954

5. SEX: Male O
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 30, 1880
9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail Druggist
10b. KIND OF BUSINESS OR INDUSTRY: Drug Store
11. BIRTHPLACE (State or foreign country): Macon Missouri O
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Soldan
13b. MOTHER'S MAIDEN NAME: Sophia Gundlack
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Rev. Aldoph Soldan
ADDRESS: Los Angles, Cali

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Heart block — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular fibrillation — 2 weeks
DUE TO (c) Myocarditis — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. age - obesity

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4.222
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 15 Oct, 1954, *to* 1 Nov, 1954, *that I last saw the deceased alive on* 1 Nov, 1954, *and that death occurred at* 4:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald E Eggleston MD
23b. ADDRESS: Macon, Missouri
23c. DATE SIGNED: 5 Nov 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 4, 1954
24c. NAME OF CEMETERY OR CREMATORY: Oakwood
24d. LOCATION (City, town, or county) (State): Macon Mo.

DATE REC'D BY LOCAL REG. 11/22/54
REGISTRAR'S SIGNATURE: Ruth McNeely 185
25. FUNERAL DIRECTOR'S SIGNATURE: R. Leslie Bram
ADDRESS: Macon, Mo.

(Licensed Embalmers Statement on Reverse Side)

RECEIVED 11.29.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 11.54.187
Date Filed 11-30-54

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.

Signed R. Lester Bram

Signed _____
Student Embalmer

Licensed Embalmer No. 4472

P. O. Address Macon, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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