

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36691**

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>30722</u>		Registrar's No. <u>174</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</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) OR TOWN <u>Marshall</u>			c. LENGTH OF STAY (in this place) <u>8 hours</u>		c. CITY OR TOWN <u>Marshall</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon hospital</u>				e. STREET ADDRESS (If rural, give location) <u>214 North Bell street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna Jane</u> b. (Middle) <u>Worley</u> c. (Last) <u>Solomon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6th, 1956</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 5th, 1895</u>		9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Charles E. Worley</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Bennett W. Solomon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bennett W. Solomon, Marshall, Mo.</u> ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		MEDICAL CERTIFICATION <u>Death Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hr</u>	
	ANTECEDENT CAUSES <i>Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <u>Hypertension</u>				
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		DUE TO (c) _____				
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					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) <u>331x</u>			
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>Nov 5, 1956</u> , to <u>Nov 6, 1956</u> , that I last saw the deceased alive on <u>Nov 6, 1956</u> , and that death occurred at <u>2-20A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert Thomas</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>Marshall Mo</u>			23c. DATE SIGNED <u>11/7/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 8, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-7-56</u>		REGISTRAR'S SIGNATURE <u>Cecil G. Reed</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Campbell-Lewis Marshall, Mo.</u>			

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

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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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4709

P. O. Address Marshall

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.