. Health,
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Dr Donald

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024542
STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 27 Primary Registration District No. 4031 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN: Adrian — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in 1b: 42 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Bates
c. CITY OR TOWN: Adrian — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Hiram Middle: Last: Sollars
4. DATE OF DEATH: Month July Day 1 Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Apr.7,1898
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 2 Days 24 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Bus Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Sycamore Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: James Hiram Sollars
13b. MOTHER'S MAIDEN NAME: Harriett D.Mumford
14. NAME OF HUSBAND OR WIFE: Esther Sollars
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.: 494-16-6546
17. INFORMANT: George Sollars, Address: Adrian, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 7 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] None
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year None
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None.
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw him alive on _____
Death occurred at 9:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Douglas Donald MD (Degree or title)
22b. ADDRESS: Butler, Mo
22c. DATE SIGNED: 7/3/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-4-58
23c. NAME OF CEMETERY OR CREMATORY: Crescent Hill Cem.
23d. LOCATION (City, town, or county) (State): Adrian, Mo.

24. FUNERAL DIRECTOR: Six Funeral Service. ADDRESS: Adrian, Mo.
25. DATE RECD. BY LOCAL REG.: July 4-1958
26. REGISTRAR'S SIGNATURE: Kendall Kinney

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

DEC 11 1968

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 ..... Signed .....

Signature of Student Embalmer

Licensed Embalmer No 3650.....

P. O. Address.....Adrian, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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