URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–034868

STATE FILE NUMBER

FILED VS OCT 5 1959

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 154

ENDED

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marshall — Length of stay in 1b: 17 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Fitzgibbon hospital — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Slater — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 316 Short street — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Emma Middle: Charlotte Last: Solomon

4. DATE OF DEATH: Month: September Day: 30th Year: 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH: 1-22-1871
9. AGE (last birthday): 88 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Saline County Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Phillip W.Harris
13b. MOTHER'S MAIDEN NAME: Almeda Holmes
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.: None
17. INFORMANT: Mrs Mollie Vardiman, Slater, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 12, 1919, to Sept 30, 1919 and last saw her alive on Sept. 30, 1919
Death occurred at 8 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert W Blalock md
22b. ADDRESS: 370 S Odell, Marshall, Mo
22c. DATE SIGNED: 9-30-19

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-2-1959
23c. NAME OF CEMETERY OR CREMATORY: Ridge Park cemetery
23d. LOCATION (City, town, or county) (State): Marshall, Missouri

24. FUNERAL DIRECTOR ADDRESS: Campbell-Lewis, Marshall, Mo.
25. DATE RECD. BY LOCAL REG.: 10-1-59
26. REGISTRAR'S SIGNATURE: Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OCT 26 1959

DEC 4 1959

NOV 18 1959

JAN 19

JAN 12 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

~~or~~ by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed R.W. Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.