

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-005271

FILED VS FEB 29 1960 042

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217

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

INDEXED

|   |  |  |  |  |   |   |       |
|---|--|--|--|--|---|---|-------|
| 1. PLACE OF DEATH   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)                                  |   |   |       |
| a. COUNTY Buchanan  |  | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph   |  | c. CITY OR TOWN St. Joseph   |   | d. STREET ADDRESS (If outside, give location) 517 1/2 S. 6th St.  |       |
| Length of stay in lb Lifetime   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                      |   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |       |
| 3. NAME OF DECEASED (Type or print) First John Middle W. Last Sollars   |  |  |  | 4. DATE OF DEATH February 5, 1960  |   |   |       |
| 5. SEX Male   | 6. COLOR OR RACE White                 | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH About 1894                            | 9. AGE (last birthday) 66  | IF UNDER 1 YEAR Months  | IF UNDER 24 HR Days Hours Min.  |       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer                               |  | 10b. KIND OF BUSINESS OR INDUSTRY Railroad   |  | 11. BIRTHPLACE (City and state or country) St. Joseph, Missouri  |   | 12. CITIZEN OF WHAT COUNTRY USA   |       |
| 13a. FATHER'S NAME Hiram Sollars  |  | 13b. MOTHER'S MAIDEN NAME Mary Ellen Adams   |  | 14. NAME OF HUSBAND OR WIFE -----  |   |   |       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No                       |  | 16. SOCIAL SECURITY NO. Unknown  |  | 17. INFORMANT Floyd Haffey St. Joseph, Mo. Address   |   |   |       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:                             |  |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH  |       |
| IMMEDIATE CAUSE (a) GENERALIZED PERITONITIS   |  |  |  |  |   | 3 DAYS  |       |
| DUE TO (b) PUNCTURE OF LUNG   |  |  |  |  |   | 3 DAYS  |       |
| DUE TO (c)  |  |  |  |  |   |   |       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) |  |  |  |  |   | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |       |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                    | 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/>   | HOMICIDE <input checked="" type="checkbox"/>           | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) STABBED IN BAR ROOM BRAWL |   |   |       |
| 20c. TIME OF INJURY Hour Month, Day, Year   |  |  |  |  |   |   |       |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                            |  | 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 FEB. 2, 1960 to FEB. 5, 1960 and last saw her alive on FEB. 5, 1960                              |  |  |  | Death occurred at 4:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.         |   |   |       |
| 22a. SIGNATURE [Signature]  |  | 22b. ADDRESS 1302 Fern.  |  | 22c. DATE SIGNED 2-18-60   |   |   |       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |  | 23b. DATE Feb. 8, 1960   | 23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery |  | 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri. |   |       |
| 24. FUNERAL DIRECTOR [Signature]  |  | ADDRESS St. Joseph, Mo.  |  | 25. DATE RECD. BY LOCAL REG. Feb. 23, 1960   |   | 26. REGISTRAR'S SIGNATURE Mrs. Clark Gardell  |       |

DOCUMENT

BY AFFIDAVIT OF L.H. Pfeiffer, M.D. MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward B. Harvey

Licensed Embalmer No. 3268

P. O. Address H. Jones

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.