

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025963

FILED VS JUL 18 1960

042

Primary Registration District No. 1000

Registrar's No. 765

STATE FILE NUMBER

DOCUMENT Draft Reg. record 6/5/1917

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i>			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Holt</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Joseph, Mo.</i>		Length of stay in 1b <i>18 days</i>	c. CITY OR TOWN <i>Bigelow</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Missouri Methodist</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>_____</i>	
3. NAME OF DECEASED (Type or print) First <i>Vern</i> Middle <i>Alexander</i> Last <i>Solleder</i>			4. DATE OF DEATH Month <i>July</i> Day <i>9</i> Year <i>1960</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 30, 1887</i>	9. AGE (last birthday) <i>72 70</i>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Station Agent</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>C. B. & Q. Railroad</i>	11. BIRTHPLACE (City and state or country) <i>Thurman, Iowa</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Jewell Solleder</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Alexander</i>		14. NAME OF HUSBAND OR WIFE <i>Phoebe Solleder</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>unknown</i>	17. INFORMANT Address <i>Phoebe Solleder Bigelow, Mo</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Died of War</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <i>6 mo</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Right Pneumonia</i>				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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <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 <i>6/21/60</i> , to <i>7/9/60</i> and last saw her/him alive on <i>7/9/60</i> Death occurred at <i>6:30 P.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (D, M, or title) <i>[Signature]</i>			22b. ADDRESS <i>St Joseph Mo</i>		22c. DATE SIGNED <i>7.9.60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)	
24. FUNERAL DIRECTOR ADDRESS <i>Forest Lawn Mortuary, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>July 14-1960</i>	26. REGISTRAR'S SIGNATURE <i>Mr. Clark Goodell</i>		

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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 _____ or by _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *James H. Crawford*

Licensed Embalmer No. 4796
P. O. Address Mound City

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.