

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30976

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3037 Registrar's No. 239

1. PLACE OF DEATH a. COUNTY Linn Marceline, Twp.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline, rural		c. LENGTH OF STAY (In this place) 2 1/2 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Isaac b. (Middle) Benton c. (Last) Solomon			4. DATE OF DEATH (Month) (Day) (Year) August 26, 1949		
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan. 20, 1877		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 7 Days 6		IF UNDER 24 Hrs. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farmer				11. BIRTHPLACE (State or foreign country) Wayne Co., Iowa				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME William Solomon			13b. MOTHER'S MAIDEN NAME Elizabeth Linebaugh			14. NAME OF HUSBAND OR WIFE Eva Wright Solomon		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Martin McCauslin, Bucklin, Mo.		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia		ANTECEDENT CAUSES						1 wk.	
DUE TO (b) Parkinsons Disease		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						4 yrs.	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS						35DX	
Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 March 28, 1947, to Aug 26, 1949, that I last saw the deceased alive on Aug. 26, 1949, and that death occurred at 9:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Philip P. Ottman, M.D.		23b. ADDRESS Marceline, Mo.		23c. DATE SIGNED 8/28/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug/28, 1949		24c. NAME OF CEMETERY OR CREMATORY Redem Chapel		24d. LOCATION (City, town, or county) (State) Chariton Co. Mo.	
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DATE REC'D BY LOCAL REG. Aug 27-1949		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Marceline, M	
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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
Student Embalmer

Signed Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, 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 this body is not embalmed, fact should be so stated above.