

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16274

FILED MAY 31 1950

0300  
1

BIRTH NO. _____		REG. DIST. NO. 96		PRIMARY REG. DIST. NO. 5348		Registrar's No. 26			
1. PLACE OF DEATH a. COUNTY Dallas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Dallas					
b. CITY OR TOWN Rural Grant		c. LENGTH OF STAY (In this place) 2 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural		0300 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Louisburg MO.				d. STREET ADDRESS (If rural, give location) Louisburg, MO.					
3. NAME OF DECEASED (Type or Print) ALVA E. SOLOMON			a. (First)		b. (Middle) E.		c. (Last) SOLOMON		
4. DATE OF DEATH 5-5-1950		(Month) (Day) (Year)		5. SEX F		6. COLOR OR RACE W			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 3-25-1879		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 1 Days 10			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) Tenn.		12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME Samuel Crozier			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE John E. SOLOMON			
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. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John E. SOLOMON Louisburg, MO.					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the intestinal tract - colon DUE TO (c) Primary of the uterus  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 6 mos. one year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) 174X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Jan 10, 1950, to April 28, 1950, that I last saw the deceased alive on April 28, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.									
23a. SIGNATURE J. H. Bennett. (Degree or title)				23b. ADDRESS D. O. B. Buffalo, Missouri		23c. DATE SIGNED 5-10-50.			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-7-50		24c. NAME OF CEMETERY OR CREMATORY LOUISBURG		24d. LOCATION (City, town, or county) (State) LOUISBURG MO.			
DATE REC'D BY LOCAL REG. 5/27/50		REGISTRAR'S SIGNATURE Mrs. J. B. Jones		25. FUNERAL DIRECTOR'S SIGNATURE 80 Mrs. J. B. Jones		ADDRESS Buffalo, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-29-50  
District Health Officer No. 7  
District File Number 4-50-50  
Date Filed 5-29-50

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Leah Montgomery*.....

Licensed Embalmer No. *3592*.....

P. O. Address *Buffalo, 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.