

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34093**

FILED OCT 30 1950

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3071** Registrar's No. **126**

1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give township) Macon		c. LENGTH OF STAY (In this place) 1 1/2 hrs		c. CITY (If outside corporate limits, write RURAL and give township) Macon		0612	
d. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan Hospital				d. STREET ADDRESS (If rural, give location) 1410 Jackson St.			
3. NAME OF DECEASED (Type or Print) a. (First) Vallie			b. (Middle) C.		c. (Last) Soldan		4. DATE OF DEATH (Month) (Day) (Year) Aug. 9, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 5, 1891		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Macon Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Fredrick Krieter			13b. MOTHER'S MAIDEN NAME Siatha Coulter		14. NAME OF HUSBAND OR WIFE Fred Soldan		
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. XX	17. INFORMANT'S SIGNATURE OR NAME Mr. Fred Soldan	ADDRESS Macon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rhabdomyosarcoma			INTERVAL BETWEEN ONSET AND DEATH 2 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) 7 in right thigh with metastases to right lung			1991
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION June 10, 1949 - Tumor of muscles of right thigh - Rhabdomyosarcoma				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)			
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 1-24 , 19 49 , to 8-9 , 19 50 , that I last saw the deceased alive on 8-8 , 19 50 , and that death occurred at 2:30 a. m., from the causes and on the date stated above.							
23a. SIGNATURE J. P. Gronoway, MD				23b. ADDRESS Macon MO		23c. DATE SIGNED Oct 21 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/11/1950	24c. NAME OF CEMETERY OR CREMATORY Oakwood		24d. LOCATION (City, town, or county) (State) Macon, Mo.			
DATE REC'D BY LOCAL REG. 10/14/50		REGISTRAR'S SIGNATURE W. McNeely 185		25. FUNERAL DIRECTOR'S SIGNATURE Allent Skinner			
				ADDRESS Macon			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-24-50
MACON COUNTY HEALTH DEPARTMENT
County File No. ...10:50:191
Date Filed10:26:50..

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 *Allert S. Krumm*

Licensed Embalmer No. *751*

P. O. Address *Macon 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.