

FILED JAN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40631**
Registrar's No. **134**

BIRTH NO. _____		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 8005		Registrar's No. 134		
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass				
b. CITY (If outside corporate limits, write RURAL and give township) Butler		c. LENGTH OF STAY (in this place) 14 days		c. CITY (If outside corporate limits, write RURAL and give township) Archie		d. STREET ADDRESS (If rural, give location) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED a. (First) William			b. (Middle) S.		c. (Last) Solsman		4. DATE OF DEATH (Month) (Day) (Year) December 30 - 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH February 11 - 1876		
9. AGE (In years last birthday) 75		if UNDER 1 YEAR Months 10 Days 19		if UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Farmer Retired 6 years			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) near Greenwood, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Phillip Solsman			13b. MOTHER'S MAIDEN NAME Matilda Gray		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Albert Solsman		ADDRESS Archie 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 13 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Coronary sclerosis						
		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 4201					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 Dec. 17, 1951 , to Dec. 30, 1951 , that I last saw the deceased alive on Dec. 29, 1951 , and that death occurred at 12:05 AM , from the causes and on the date stated above.								
23a. SIGNATURE Carl R. Robinson M.D. (Degree or title)				23b. ADDRESS Archie, Mo.		23c. DATE SIGNED 12-31-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 1 - 1952		24c. NAME OF CEMETERY OR CREMATORY Deer Summit		24d. LOCATION (City, town, or county) (State) Deer Summit Mo		
DATE REC'D BY LOCAL REG. Dec. 31 - 51		REGISTRAR'S SIGNATURE Rendall Kurylo		25. FUNERAL DIRECTOR'S SIGNATURE Atkinson Brothers		ADDRESS Archie Mo		

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

RECEIVED JAN 5 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 5 1952 _____

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 _____

Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address _____

Harrisowille

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.

No