

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

3072

State File No. 37963

FILED OCT 26 1953

BIRTH NO. _____		REG. DIST. NO. 324	PRIMARY REG. DIST. NO. <del>2093</del>	Registrar's No. 199
1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline		
b. CITY OR TOWN Marshall		c. CITY OR TOWN Rural, Marshall township		
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital		d. STREET ADDRESS (If rural, give location) 5 miles north of Marshall		
3. NAME OF DECEASED (Type or Print) Paul Raymond Soloman		4. DATE OF DEATH October 21, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 22, 1895	9. AGE (In years last birthday) 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Saline County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Peter Soloman		13b. MOTHER'S MAIDEN NAME Louisa Haberman	14. NAME OF HUSBAND OR WIFE Clara Weis Soloman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I.		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Paul R. Soloman, Marshall, Mo. R#3	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ac. Appendicitis DUE TO (c) Chr. Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Ac. Appendicitis 5500		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) (Min.)	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 Oct 7, 1953, to Oct 21, 1953, that I last saw the deceased alive on Oct 21, 1953, and that death occurred at 6:55 A.M., from the causes and on the date stated above.				
23a. SIGNATURE (Type or Print) Lovin Kennedy M.D.		23b. ADDRESS Marshall, Mo		23c. DATE SIGNED 10-22-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 24, 1953	24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Missouri	
DATE REC'D BY LOCAL REG. 10-22-1953	REGISTRAR'S SIGNATURE Sidney T. Gray 385	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell-Lewis Marshall, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 18 1952

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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

*RW Campbell Jr.*

Licensed Embalmer No. *34690*

P. O. Address *Marshall, W.*

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.