

FILED APR 26 1954 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11885**

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4218		Registrar's No. 16		
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Henry				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. LENGTH OF STAY (In this place) 30 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor 0420				
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 S. Windsor				d. STREET ADDRESS (If rural, give location) 209 S. Windsor				
3. NAME OF DECEASED (Type or Print) BEN SAMUEL SOLES			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH April 18, 1954		(Month)		(Day)		(Year)		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Aug 29, 1869		
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 7 Days 20		IF UNDER 18 MOS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mill employee - Petered			10b. KIND OF BUSINESS OR INDUSTRY Petered			11. BIRTHPLACE (City and State or Foreign Country) Butler, Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME W.E. Soles		13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE Maggie Heary Soles				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. 491 20 8858		
17. INFORMANT'S SIGNATURE OR NAME Mrs. B.S. Soles				ADDRESS Windsor, Mo				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerotic Heart Disease				DUE TO (b) 4-5 yrs.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 4200				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 Feb 15, 1954 , to Apr 18, 1954 , that I last saw the deceased alive on Apr 16, 1954 , and that death occurred at 6:30p m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Claude M. Thurber, M.D.				23b. ADDRESS Windsor, Mo.		23c. DATE SIGNED 4/21/54		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-20-54		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak		24d. LOCATION (City, town, or county) (State) Windsor, Mo		
DATE REC'D BY LOCAL REG April 20 - 54		REGISTRAR'S SIGNATURE Florence Adair		422 25. FUNERAL DIRECTOR'S SIGNATURE Huston - Turner		ADDRESS Windsor, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

0420

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.