

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027696

FILED VS JUL 27 1960 226

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Primary Registration District No. 4336

Registrar's No. 30

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Monroe</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Monroe</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Holliday, Mo.</b>		Length of stay in 1b <b>46 years</b>		c. CITY OR TOWN <b>Holliday, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Family Home</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <b>Hamdt Solomon</b>				4. DATE OF DEATH Month Day Year <b>July 8, 1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>W</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12-26-1877</b>		9. AGE (last birthday) <b>82</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Repair</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Repair</b>		11. BIRTHPLACE (City and state or country) <b>Beirut Lebanon</b>		12. CITIZEN OF WHAT COUNTRY					
13a. FATHER'S NAME <b>unknown</b>				13b. MOTHER'S MAIDEN NAME <b>unknown</b>				14. NAME OF HUSBAND OR WIFE <b>Molly Hughes Solomon</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT Address <b>Mrs. Molly Solomon, Holliday, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Embolism</b> DUE TO (b) <b>arterio-sclerosis</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>7/17</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from <b>July 4</b> to <b>July 8</b> and last saw her/him alive on <b>July 8</b> Death occurred at <b>7:10 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>G. W. Fitzgerald M.D.</b>						22b. ADDRESS <b>Holliday, Mo.</b>			22c. DATE SIGNED				
23a. BURIAL CREATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-10-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Holliday, Mo.</b>						
24. FUNERAL DIRECTOR <b>Greening Shelbyville, Mo.</b>					ADDRESS		25. DATE RECD. BY LOCAL REG. <b>7-20-1960</b>		26. REGISTRAR'S SIGNATURE <b>E. L. Miller</b>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF



MS JUL 27 1950

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles V. Greer

Licensed Embalmer No. 4825  
P. O. Address Greene

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
\* If this body is not embalmed, fact should be so stated above.