

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25099

State File No.

Registration District No. 290

Primary Registration District No. 5408

Registrar's No.

1. PLACE OF DEATH:

(a) County Aspiraling Salang  
(b) City or town Arboret  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(g) State Mo (b) County Dunklin  
(c) City or town Arboret  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Billie Kay Toler #60

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased FEBRUARY 10, 1939  
(Month) (Day) (Year)

8. AGE: Years 1 Months 4 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Arboret Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name MC Toler  
13. Birthplace Ill 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Raney Pierce  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant MC Toler

(b) Address Arboret Mo

17. (a) Burial (b) Date thereof July 27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LMC - Greenville

18. (a) Signature of funeral director Howard and so

(b) Address Leach Hill, Ark.

19. (a) Aug 2-1940 (b) D. S. Thidwell  
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 - 40  
year 40 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 7-20-40  
\_\_\_\_\_ 19\_\_\_\_, to 7-27 \_\_\_\_\_, 1940;

that I last saw him alive on 7-20 \_\_\_\_\_, 1940;

and that death occurred on the date and hour stated above,  
Immediate cause of death Ellis White

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: ✓

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 263 ✓

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature D. S. Thidwell (M. D. or other) 1

Address Arboret Mo Date signed 7-27-40

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

RECEIVED

District Health Officer No. 2

District File Number 840-126

Date Filed 8/13/40

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**