FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20617

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 147

1. PLACE OF DEATH
a. COUNTY: RANDOLPH.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOBERLY
c. LENGTH OF STAY (in this place): Life.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCORMICK HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BOONE 10
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CENTRALIA 0
d. STREET ADDRESS (If rural, give location): RURAL 1

3. NAME OF DECEASED (Type or Print)
a. (First): MAE
b. (Middle): BLANCH
c. (Last): TOALSON

4. DATE OF DEATH (Month) 7 (Day) 6 (Year) 1949

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, ~~NEVER MARRIED~~, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct. 29-1913
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months 8, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boone Co. Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: LOREN S. PRENTICE
13b. MOTHER'S MAIDEN NAME: ANNIE DURK
14. NAME OF HUSBAND OR WIFE: ESTIL TOALSON.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: MR ESTIL TOALSON. ADDRESS: CENTRALIA 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mesenteric Thrombosis — 5 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 5 [illegible]

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1st, 1949, *to* July 6, 1949, *that I last saw the deceased alive on* July 6, 1949, *and that death occurred at* 2:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. P. Roberts D.O.
23b. ADDRESS: Centralia, Mo
23c. DATE SIGNED: July 6, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 8-1949
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Columbia Mo

DATE REC'D BY LOCAL REG.: 7-8-49
REGISTRAR'S SIGNATURE: Leah Williams Jones
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office
District File Number
Date Filed JUL 1 1

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 .....

Licensed Embalmer No. 4270

P. O. Address Centralia, K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.