

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40135

State File No.

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5070 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Milford Twn</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emporia</u>	
c. LENGTH OF STAY (In this place) <u>3 wks</u>		d. STREET ADDRESS (If usual, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 1 49</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BARBARA</u>		b. (Middle) <u>ANN</u>	
c. (Last) <u>TOLSON</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Jan. 4, 1866</u>		9. AGE (In years last birthday) <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Newport Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James Reed</u>		13b. MOTHER'S MAIDEN NAME <u>Lucenda Davidson</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Wesby</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage of Lung</u> <u>Arteriosclerosis of bronchial tree</u> ANTECEDENT CAUSES <u>No.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Hypertension & cardiac condition</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo. 8</u> <u>78 31</u>	
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 <u>11-30</u> , 19 <u>49</u> , to <u>12-1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-30</u> , 19 <u>49</u> , and that death occurred at <u>6 a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J.B. Bannister</u>		23b. ADDRESS <u>Sheldon Mo</u>	
(Degree or title) <u>J.M.D.</u>		23c. DATE SIGNED <u>12-4-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 4 49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Round Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Barton Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 6 - 1949</u>		REGISTRAR'S SIGNATURE <u>Marie Kovacs</u>	
25. FEDERAL DIRECTOR'S SIGNATURE <u>L. Bernard Beery</u>		ADDRESS <u>Sheldon Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DEC 12 1949
District Health Office No. 6,
District File Number 1249-1344
Date Filed 12-14-49

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 A. Bernard Berry

Licensed Embalmer No. 4661

P. O. Address Shelton, Mo.

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.