

THE DIVISION OF HEALTH OF MISSOURI
FILED JAN 26 1950 STANDARD CERTIFICATE OF DEATH

State File No. 1624

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 16 East 21st St.	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Olive c. (Last) Tolles			4. DATE OF DEATH (Month) (Day) (Year) Jan 10 1950		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 10/9/1867		9. AGE (In years last birthday) 82		10. F UNDER 1 YEAR Months 2		11. F UNDER 24 HRS. Hours 2		12. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Oakdale, Ill		12. CITIZEN OF WHAT COUNTRY? U S A	
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13a. FATHER'S NAME William H. Smith		13b. MOTHER'S MAIDEN NAME Cathrine Lindsay		14. NAME OF HUSBAND OR WIFE Frank H. Tolles Deceased	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Sabert B. Downing		ADDRESS Higginsville Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central thrombosis INTERVAL BETWEEN ONSET AND DEATH 17 days - Antecedent Causes Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis - many years DUE TO (c) 33 2x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paroxysmal tachycardia at intervals several years.					
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 1, 1954, to Jan 10, 1950, that I last saw the deceased alive on Jan 1, 1950, and that death occurred at 3:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. Koppertink M.D.		23b. ADDRESS Higginsville, Mo.		23c. DATE SIGNED 1-11-1950	
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24a. BURIAL / CREMATION REMOVAL (Specify) Burial		24b. DATE 1/13/50.		24c. NAME OF CEMETERY OR CREMATORY Higginsville City		24d. LOCATION (City, town, or county) (State) Higginsville, Missouri	
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DATE REC'D BY LOCAL REG. Jan 12 - 1950		REGISTRAR'S SIGNATURE Clayton H. Landrum		154		25. FUNERAL DIRECTOR'S SIGNATURE W. S. Schuler		ADDRESS Higginsville, Mo.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 24

District Health Officer No. 81

District File Number.....

Date Filed 1-25-50

JAN 26 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 me, or by.....

Student Embalmer No.

working under my personal supervision.

Signed *Arno A. Rickhoff*

Signed.....
Student Embalmer

Licensed Embalmer No. 4284

P. O. Address Higginsville, Missouri

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.