

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12296

BIRTH NO. _____ REG. DIST. NO. 66 PRIMARY REG. DIST. NO. 417 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rothville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rothville 0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Grace E. Tolen	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Mar 7/19 50
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Mar 13/ 1871	9. AGE (In years last birthday) 78	10. UNDER 1 YEAR Months 11 Days 24	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) Penn. /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Francis M Bates	13b. MOTHER'S MAIDEN NAME Hettie M Bates	14. NAME OF HUSBAND OR WIFE Geo Tolen Dec.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Mrs Ara Wayman Summer	ADDRESS 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia & Toxemia		INTERVAL BETWEEN ONSET AND DEATH 3 days
	- ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric Carcinoma		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			151X

19a. DATE OF OPERATION Oct 1949	19b. MAJOR FINDINGS OF OPERATION Inoperable gastric Carcinoma	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/>	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 **Mar 1949**, to **Mar 7, 1950**, that I last saw the deceased alive on **Mar 7, 1950**, and that death occurred at **7:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. G. Buck M.D. (Degree or title)	23b. ADDRESS Rothville, Mo	23c. DATE SIGNED 3-9-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/9/50	24c. NAME OF CEMETERY OR CREMATORY Rothville	24d. LOCATION (City, town, or county) (State) Rothville Mo.
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DATE REC'D BY LOCAL REG. 3/9/50	REGISTRAR'S SIGNATURE Martha Clark 57	25. FUNERAL DIRECTOR'S SIGNATURE S. L. Heibard	ADDRESS Mendon, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

210

RECEIVED MAY 4
District Health Officer No. 11

District File Number.....

Date Filed 5/5/50

MAY 10 1950

NO FEE
ENCLOSED

MAY 8 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, ~~only~~.....

Student Embalmer No.

working under my personal supervision.

Signed L. L. Leipert

Signed.....

Student Embalmer

Licensed Embalmer No. 3970

P. O. Address Mendon MA

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.