

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 4333 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>MONTEAUL MORRAU-JWP.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>MONTEAUL</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLARKSBURG</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>CLARKSBURG</b>	
c. LENGTH OF STAY (In this place) <b>LIFE</b>		d. STREET ADDRESS (If rural, give location) <b>NO STREET ADDRESS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NO-STREET-NUMBERS</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>AUBRAY-</b> b. (Middle) <b>F.</b> c. (Last) <b>TOLER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9 - 8 - 1950</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>4-15-1878</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>	11. BIRTHPLACE (State or foreign country) <b>COOPER-Co - MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>MATHEW-TOLER</b>	13b. MOTHER'S MAIDEN NAME <b>NAUCY-VAUGHN</b>	14. NAME OF HUSBAND OR WIFE <b>JENNIE-TOLER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>486-07-7266</b>	17. INFORMANT'S SIGNATURE OR NAME <b>George Toler Clarksburg Mo</b>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>acute</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterial Hypertension</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4201</b>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 **8-15**, 19**50**, to **9-8-50**, 19**50**, that I last saw the deceased alive on **9-3**, 19**50**, and that death occurred at **3:20** p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>J.S. Hume M.D.</b>	(Degree or title) <b>0</b>	23b. ADDRESS <b>Wapton Mo.</b>	23c. DATE SIGNED <b>9-9-50</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9-10-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MASONIC CEMETERY CLARKSBURG - MO</b>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <b>9-12-50</b>	REGISTRAR'S SIGNATURE <b>Birdie Sturgis</b>	FUNERAL DIRECTOR'S SIGNATURE <b>James E. Richards</b>	ADDRESS <b>Wapton Mo</b>
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RECEIVED 9-15  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 9-15-50

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Jessie E. Richard*  
Licensed Embalmer No. *2466*  
P. O. Address *Lipton, Mo.*

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.