

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34377

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>		c. CITY (If outside corporate limits) write RURAL and give township) <u>Ashley 0830</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mathias</u> b. (Middle) <u>Henry</u> c. (Last) <u>Tophinke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 2 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>May 22-1898</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR (Months) (Days) <u>4 10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pike Co. Mo</u>	
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>HERMAN Tophinke</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Kuebrecht</u>	14. NAME OF HUSBAND OR WIFE <u>ANNE Tophinke</u>
----------------------------------------------	-----------------------------------------------------	-----------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>Mrs. Ann Tophinke Bowling Green MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dehydration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Asthma</u>		
	DUE TO (c) <u>Emphysema</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>518X</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	-------------------------------------------------	-------------------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	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) <u>None</u>	21e. INJURY OCCURRED WHILE WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-29, 1950 to 10-2, 1950, that I last saw the deceased alive on 10-1-50, 1950, and that death occurred at 2:30 AM., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Bernice Callier M.D.</u>	23b. ADDRESS <u>Bowling Green MO</u>	23c. DATE SIGNED
----------------------------------------------------------------	-----------------------------------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 4 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Clements</u>	24d. LOCATION (City, town, or county) (State) <u>St. Clements Pike Co. MO</u>
------------------------------------------------------------	--------------------------------	-----------------------------------------------------------	----------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>Oct 10, 1950</u>	REGISTRAR'S SIGNATURE <u>Bernice Callier</u>	374	25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Parkhead Bowling Green MO</u>	ADDRESS
-------------------------------------------------	-------------------------------------------------	-----	----------------------------------------------------------------------------	---------

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

21
0

1950

Date Received: OCT 18 1950
DISTRICT HEALTH OFFICE #
District File Number 10-5
Date Filed: OCT 18 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.

Student
Student Embalmer

Signed Harold C. Kirke

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.