

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 9122

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BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Johnson</u> b. COUNTY <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Holden</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Holden, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>South Olive Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Young</u>		b. (Middle) _____ c. (Last) <u>Towles</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 14, 1951</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 3 1872</u>
9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u>	
11. BIRTHPLACE (State or foreign country) <u>Louisville, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George W. Towles</u>		13b. MOTHER'S MAIDEN NAME <u>Martha McClain</u>	
14. NAME OF HUSBAND OR WIFE <u>Lillie V. Towles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>xxxx</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Glenna Lee Sharp,</u>		ADDRESS <u>Kansas City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic white myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 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 type="checkbox"/>			
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)		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>Feb 12</u> , 19 <u>41</u> , to <u>Mar. 14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>March 14</u> , 19 <u>51</u> , and that death occurred at <u>10:15</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Remond Kolbberg, M.D.</u>		23b. ADDRESS <u>Holden, Mo</u>	
23c. DATE SIGNED <u>3/16/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 16 '51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty, Cemetery Magnolia, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. H. O. Redford</u>		ADDRESS <u>150 Canaday & Ropp, Holden, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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0510
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4222

RECEIVED
MAR 22 1951
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

MAR 22 1951

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 Samuel B. Ropp

Licensed Embalmer No. 4044

P. O. Address Holden 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.