No. 300
10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

36622

State File No. 106

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 365

171
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH**
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carrollton
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 411 Sloan Street

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carrollton 0171
d. STREET ADDRESS (If rural, give location): 8

**3. NAME OF DECEASED** (Type or Print)
a. (First): James
b. (Middle): Edwin
c. (Last): Tomlin

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 15 1951

**5. SEX**: Male 0

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: Dec 15 1869

**9. AGE** (In years last birthday): 81
If under 1 year: Months 11 Days
If under 1 hr.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired

**10b. KIND OF BUSINESS OR INDUSTRY**: Farming

**11. BIRTHPLACE** (State or foreign country): Texas

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Calmet Tomlin

**13b. MOTHER'S MAIDEN NAME**: Sarah Gregory

**14. NAME OF HUSBAND OR WIFE**: Della Edwards

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): No

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Guy Tomlin ( Newton Kansas )

**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) Infirmities of

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) old Age

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: ?

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**: 794X

**20. AUTOPSY?** YES ☐ NO ☒

**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) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Nov 14, 1951, *to* Nov 15, 1951, *that I last saw the deceased alive on* Nov 15, 1951, *and that death occurred at* 1 p. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): W. Hamilton Shelton, MD

**23b. ADDRESS**: Carrollton, Mo.

**23c. DATE SIGNED**: Nov 16 51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 11-20-51

**24c. NAME OF CEMETERY OR CREMATORY**: Coloma Cemetery

**24d. LOCATION** (City, town, or county) (State): Coloma Mo. Mo.

DATE REC'D BY LOCAL REG.: 11/20/51

REGISTRAR'S SIGNATURE: Mo Herbert Calvert 45

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Marshall F. Home Carrollton Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
27 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

## 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 R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.