

Dr Shirey

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13733**

FILED MAY 13 1952

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Genisot</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Genisot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti Mo</u>	c. LENGTH OF STAY (in this place) <u>29 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti, Mo 0787</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u> b. (Middle) <u>Pauline</u> c. (Last) <u>Tolenson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 16 1952</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>May 17 1892</u>	9. AGE (in years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Wyatt Tolenson</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Tolenson</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>Lee Tolenson Hayti, 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, assthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 or 5 days</u> <u>1st onset</u> <u>30 min</u> <u>last one</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4201</u>	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) (m.)	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 4-16, 1952, to 4-16, 1952, that I last saw the deceased alive on 4-16, 1952 and that death occurred at 7:01 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>D Shirey</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Hayti Mo</u>	23c. DATE SIGNED <u>4-16-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wardell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wardell, Mo</u>
DATE REC'D BY LOCAL REG. <u>5-7-52</u>	REGISTRAR'S SIGNATURE <u>John W. Herman</u>	406	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John W. Herman Hayti, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

781
1

5.52.150

Rec. MAY 10 1952

S. B. Beecher, M. D.,
Peniscot County Health Department,
Caruthersville, Missouri

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 *Raymond L. Duffie*

Signed.....
Student Embalmer

Licensed Embalmer No. *4798*

P. O. Address *Hayti, 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.