

FILED MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15272

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4480 Registrar's No. 18

0980

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

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Schuyler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greentop		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greentop	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home of Geo. Taylor			

3. NAME OF DECEASED (Type or Print) a. (First) Lina b. (Middle) E. c. (Last) Towles			4. DATE OF DEATH (Month) (Day) (Year) May 3, 1952		
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec. 19, 1875		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Adair Co., Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME D. J. Mikel		13b. MOTHER'S MAIDEN NAME Lucinda Sutton		14. NAME OF HUSBAND OR WIFE James Oliver Towles	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Taylor, Greentop, Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure		DUE TO (b) Inanition			3 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc.—It means the disease, injury, or complication which caused death.		DUE TO (c) Bacteric enteritis			5 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Kyphosis of spine					6 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 7/27, 1951 to 4/20, 1952, that I last saw the deceased alive on 4/30, 1952, and that death occurred at 3:45 m., from the causes and on the date stated above.

23a. SIGNATURE Edward M. Roberts (Degree or title)		23b. ADDRESS 412 Queen City, Mo.		23c. DATE SIGNED 5/6/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/5/52		24c. NAME OF CEMETERY OR CREMATORY Ft. Madison Cmt.	
24d. LOCATION (City, town, or county) Adair Co., Mo		24e. (STATE)			

DATE REC'D BY LOCAL REG. May 8/52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Kirksville, Mo.	
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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

Keith Collins

Licensed Embalmer No. 3632

P. O. Address Subville 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.