

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9630

State File No. ....

APR 15 1953

BIRTH NO. .... REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. LENGTH OF STAY (In this place) 23 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 202 S. Vine St.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette 0451	
d. STREET ADDRESS 202 S. Vine St.		(If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Belle c. (Last) Tolson			4. DATE OF DEATH (Month) (Day) (Year) Apr. 8, 1953
5. SEX female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Mar. 17, 1883
9. AGE (In years last birthday) 70		10. MONTHS 0	11. DAYS 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Howard Co. Missouri U
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thornton Hill	
13b. MOTHER'S MAIDEN NAME Fannie Maupin		14. NAME OF HUSBAND OR WIFE Ernest W. Tolson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fannie Marie Tolson Fayette, Mo
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary thrombosis  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. 4201	
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 April 1, 1953, to April 8, 1953, that I last saw the deceased alive on April 8, 1953, and that death occurred at 1:00 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Fannie D. Tolson - M.D.		23b. ADDRESS 202 S. Vine St. Fayette, Mo	
23c. DATE SIGNED 4-12-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/12/53	
24c. NAME OF CEMETERY OR CREMATORY Hill Cemetery		24d. LOCATION (City, town, or county) (State) Howard Co. Missouri	
DATE REC'D BY LOCAL REG. 4-12-53		REGISTRAR'S SIGNATURE 436 Mary K. Shell	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph H. Cull Fayette, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.