

No. 300  
10.48

0210

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21001**

FILED JUL 1-1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY OR TOWN <b>Brunswick</b>	c. LENGTH OF STAY (If in institution) <b>40 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Brunswick</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>DOROTHY</b> b. (Middle) <b>LEE</b> c. (Last) <b>TOLSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6 19 1953</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>1--9--1905</b>		9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>		11. BIRTHPLACE (State or foreign country) <b>Keytesville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Alex Harris</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha Minor</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. Tolson</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>William Tolson Brunswick, Missouri.</b>		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of liver</b>  ANTECEDENT CAUSES DUE TO (b) <b>Endocarditis</b> 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 <b>Not known</b> <b>Not known</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1561</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from March 15, 1953, to June 19, 1953, that I last saw the deceased alive on June 17, 1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Carl C. Meyer</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Keytesville Mo</b>		23c. DATE SIGNED <b>6/24/53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6--22--1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Brunswick Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>6-29-53</b>		REGISTRAR'S SIGNATURE <b>Mildred Brown</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. McNeal</b>		ADDRESS <b>Brunswick, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *L. M. Merrill* .....

Licensed Embalmer No. *823* .....

P. O. Address *Brunswick, Md.* .....

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.