

No. 300
10. 48

FILED DEC 31 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40213

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1340

1. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Livingston

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place)
OR TOWN St. Joseph 14 yrs 5 mos 4 days

c. CITY OR TOWN Chillicothe
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2

e. STREET ADDRESS (If rural, give location) 0592

3. NAME OF DECEASED (Type or Print)
a. (First) ANNA b. (Middle) c. (Last) TOLSON

4. DATE OF DEATH (Month) (Day) (Year)
DEC 21, 1954

5. SEX female

6. COLOR OR RACE colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Oct 11, 1881

9. AGE (In years last birthday) 73

IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY domestic

11. BIRTHPLACE (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE unknown

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
Ada Mae Rozelle, Chillicothe, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis
ANTECEDENT CAUSES
DUE TO (b) Arteriosclerosis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychotic

INTERVAL BETWEEN ONSET AND DEATH
chronic
14 yrs 7
14 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

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 Dec 21, 1954, to Dec 21, 1954, that I last saw the deceased alive on Dec 21, 1954, and that death occurred at 6:25P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O.E. Cassina M.D.

23b. ADDRESS State Hospital #2, City

23c. DATE SIGNED Dec 21, 1954

24a. BURIAL, CREMATION, REBURYAL (Specify) Burial

24b. DATE 12-23-54

24c. NAME OF CEMETERY OR CREMATORY South Cemetery

24d. LOCATION (City, town, or county) (State) Chillicothe, Mo.

DATE REC'D BY LOCAL REG. Dec 27, 1954

REGISTRAR'S SIGNATURE 483 Esther M. Allison

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS E. Beckwith Chillicothe Mo

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.....
Signature of Student Embalmer

Signed..... *E. Beckett*

Licensed Embalmer No. *322*

P. O. Address *Chiller*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.