

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4446

State File No. ....

FILED MAR 8 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5431 Registrar's No. 513

360

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY OR TOWN <u>Lonedell</u>		c. CITY OR TOWN <u>Lonedell,</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0360</u>	
3. NAME OF DECEASED a. (First) <u>FRANK</u> (Type or Print)		b. (Middle) <u>Demming</u> c. (Last) <u>Tolin</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 1 1955</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>Aug 27, 1893</u>		9. AGE (In years less birthday) <u>61</u> If UNDER 1 YEAR: Months <u>6</u> Days <u>1</u> If UNDER 24 HRS: Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FURNITURE SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>WATERLOO, ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>TOLIN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>MAUDE TOLIN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>493-037497</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms Maude Tolin, Lonedell, Mo</u> ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the throat</u> INTERVAL BETWEEN ONSET AND DEATH <u>one year</u> ANTECEDENT CAUSES DUE TO (b) <u>near Pharynx</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>General Vascular Hypertension</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>148X</u>	
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 <u>2-3</u> , 19 <u>54</u> , to <u>3-1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-1</u> , 19 <u>54</u> and that death occurred at <u>1:20</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Wm. E. Keebell M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Clair and</u>	
23c. DATE SIGNED <u>3-1-55</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>3/1/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		DATE REC'D BY LOCAL REG. <u>3/1/55</u>	
REGISTRAR'S SIGNATURE <u>Gloyd Williams</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Bill Campbell</u> ADDRESS <u>5165 Delmar St. St. Louis Mo</u>	

MAR 6

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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

*Not embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.