

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22750**

|  |  |  |   |  |  |   |  |  |
|--|--|--|---|--|--|---|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>175</b>  |   | PRIMARY REG. DIST. NO. <b>3036</b>   |  | Registrar's No. <b>53</b>   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lawrence</b>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b> |  |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town or town <b>Aurora</b> )  |  | c. LENGTH OF STAY (to this place) <b>10 yrs.</b>   |   | c. CITY OR TOWN <b>Aurora</b>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hall Lawn</b>  |  |  |   | STREET ADDRESS (If rural, give location) <b>31 W. Olive</b>  |  |   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>PAUL WILLIAM</b> b. (Middle) <b>TOLLE</b> c. (Last) <b>TOLLE</b>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 15, 1955</b> |  |  |   |  |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  |  | 8. DATE OF BIRTH <b>Feb. 16, 1880</b>   |  |  |
|  |  |  |   | 9. AGE (in years last birthday) <b>75</b>  |  | 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) <b>Ret. Sheetmetal worker</b>  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Sheetmetal</b>           |  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>   |  |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>   |  |  | 13a. FATHER'S NAME <b>Henry Tolle</b>                         |  | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> |   | 14. NAME OF HUSBAND OR WIFE <b>Mollie Tolle</b>                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>491-05-4947</b>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Paul Tolle, Kelso, Washington</b>   |  |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.            |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory Failure</b><br>ANTECEDENT CAUSES <b>Coronary Thrombosis</b><br>DUE TO (b) <b>H2O1</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>                                  |  |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:15 P.M.</b> , from the causes and on the date stated above. |  |  |   |  |  |   |  |  |
| 23a. SIGNATURE <b>Harold E. Gage, M.D.</b> (Degree or title) <b>Lawrence Co. Health Officer</b>  |  |  |   | 23b. ADDRESS <b>W. Vernon, Mo.</b>   |  | 23c. DATE SIGNED <b>7/16/55</b>   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  | 24b. DATE <b>7/19/55</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Aurora, Missouri</b>   |  |  |
| DATE REC'D BY LOCAL REG. <b>7/19/55</b>  |  | REGISTRAR'S SIGNATURE <b>Ora Mc Natt</b> 157   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Aurora, Missouri</b>   |  |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

3

b. 300  
D. 48

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 .....<sup>X</sup>....., Student Embalmer No. <sup>X</sup>..... working under my personal supervision..

Student.....<sup>X</sup>.....  
Signature of Student Embalmer

Signed *Erwin R. Arnold*

Licensed Embalmer No. *49*

P. O. Address *Aurora,*

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.