

FILED JAN 4 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. **41102**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **549**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before institution) a. STATE Missouri b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY OR TOWN JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3223 W. 27th St.		c. LENGTH OF STAY (In this place) 18 yrs	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 3223 W. 27th St.	

3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) AUSTIN c. (Last) TOLLY			4. DATE OF DEATH (Month) (Day) (Year) DEC 23 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 25, 1903	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASSEMBLY MAN	10b. KIND OF BUSINESS OR INDUSTRY MANUFACTURING	11. BIRTHPLACE (City and State or Foreign Country) STELLA, NEB.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ISRAAC TOLLY	13b. MOTHER'S MAIDEN NAME ELIZABETH JOHNS	14. NAME OF HUSBAND OR WIFE ROSA LOA TOLLY
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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) YES W.W.II.	16. SOCIAL SECURITY NO. W.W.II.	17. INFORMANT'S SIGNATURE OR NAME ARTHUR GAINES	ADDRESS JOPLIN Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION FATAL		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES 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. 4201		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Did not attend**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter James	23b. ADDRESS 138 S. James	23c. DATE SIGNED 12-27-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Dec 27, 1955	24c. NAME OF CEMETERY OR CREMATORY OSBORNE MEM	24d. LOCATION (City, town, or county) (State) JOPLIN Mo
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DATE REC'D BY LOCAL REG. 12-29-55	REGISTRAR'S SIGNATURE Walter James	25. FUNERAL DIRECTOR'S SIGNATURE HURLANT GLOVER	ADDRESS JOPLIN
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(Licensed Embalmer's Statement on Reverse Side)

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

Jasper County Health Office

County File Number 5-6-11

Date Filed JAN 3 1956

FEB 7 1956

JAN 19 1956

MAR 6 1956

OCT 7 1957

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 Bob George

Licensed Embalmer No. 459

P. O. Address Joplin

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.