

THE DIVISION OF HEALTH OF MISSOURI  
 FILED APR 26 1956 STANDARD CERTIFICATE OF DEATH

State File No. **13633**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **4239** Registrar's No. **61**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lee's Summit</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lee's Summit</b>	
c. LENGTH OF STAY (in this place) <b>10 yrs</b>		700 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>201 N. Green</b>		d. STREET ADDRESS (If rural, give location) <b>201 N. Green</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b> b. (Middle) <b>Fristoe</b> c. (Last) <b>Tolley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 11-1956</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Feb 27, 1883</b>		9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Independence, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>William Tolley</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Evans</b>		14. NAME OF HUSBAND OR WIFE <b>Josephine Tolley (Dec)</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>506-03-4196</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nedine Kline, Lee's Summit, Mo.</b>	

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) <b>Cholepernic Lymphatic Leukemia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 mo.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Prostatic Carcinoma of Urinary Bladder</b>			<b>7 mo.</b>	

19a. DATE OF OPERATION <b>10-15-55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of urinary bladder 181x</b>		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 **Oct. 4, 1955**, to **4-11-1956**, that I last saw the deceased alive on **4-11-1956**, and that death occurred at **4:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Oliver Miller M.D.</b>		23b. ADDRESS <b>Lee's Summit, Mo.</b>		23c. DATE SIGNED <b>4-11-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-12-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lee's Summit Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Lee's Summit, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Langston Funeral Home Lee's Summit, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>4-11-56</b>		REGISTRAR'S SIGNATURE <b>N. B. Langston</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *N. B. Langford Jr.*

Licensed Embalmer No. *4967*

P. O. Address *Lee's Summit*

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.