

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29612**

FILED SEP 10 1956

BIRTH NO.		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 4512		Registrar's No. 85			
1. PLACE OF DEATH a. COUNTY Loney				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY Loney	
b. CITY (If outside corporate limits, write RURAL and give town) Branson		c. LENGTH OF STAY in this place 100°		c. CITY OR TOWN Fairyth		d. In Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Shawnee Hospital				e. STREET ADDRESS Fairyth Mrs. P.O.B.					
3. NAME OF DECEASED (Type or Print) a. (First) LETTIEA			b. (Middle) Parris		c. (Last) Tollerton		4. DATE OF DEATH (Month) (Day) (Year) 9-5-56		
5. SEX Female		6. COLOR OR RACE W		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Dec 21st 1878		9. AGE (In years last birthday) 79 If under 1 year: Months Days Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Brassfield, Mo			12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Parris			13b. MOTHER'S MAIDEN NAME Edeline			14. NAME OF HUSBAND OR WIFE Joseph Tollerton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME R.W. Smart				ADDRESS Fairyth, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia						INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Osteoarthritis Heart							
		DUE TO (c) General Osteoarthritis						yes	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None						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 9/7/56 , 1956 , to 9/8/56 , 1956 , that I last saw the deceased alive on 9/5 , 1956 , and that death occurred at 11a m., from the causes and on the date stated above.									
23a. SIGNATURE [Signature] (Degree or title)				23b. ADDRESS Fairyth, Mo		23c. DATE SIGNED 9/5/56			
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE 9-8-56		24c. NAME OF CEMETERY OR CREMATORY Cash Memorial Park Branson		24d. LOCATION (City, town, or county) (State) MO			
DATE REC'D BY LOCAL REG. 9/7/56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Branson, 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 *Minnie L. Wheeler*

Licensed Embalmer No. *2277*

P. O. Address *Brunson*

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.