

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **30027**

FILED AUG 21 1956

Registration District No. **47** Primary Registration District No. **3008** Registrar's No. **217**

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Fulton</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Moberly</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) <b>State Hosp. No. 1</b>			Length of stay in lb <b>4 yrs.</b>	d. STREET ADDRESS <b>302 E. McKinsey St.</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>JENNIE F. TOWLES</b>				First	Middle	Last	4. DATE OF DEATH <b>August 16, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>February 5, 1887</b>		9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>William Towles</b>				14. MOTHER'S MAIDEN NAME <b>Martha Gooding</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT <b>Hospital Records, Fulton, Missouri</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Heart: Hypertrophy (460 gms) (Hx of hypertension)</b> <b>Heart: Infarcts, healed</b> <b>Arteriosclerosis, generalized, advanced</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cecum and Ascending Colon</b> <b>Adenocarcinoma</b> DUE TO (c) <b>Kidney: Arteriolar Nephrosclerosis.</b>							INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		CITY COUNTY STATE		
21. I attended the deceased from <b>June 1, 1956</b> to <b>August 16, 1956</b> and last saw her/him alive on <b>8-16-56</b> Death occurred at <b>8:45 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>R. C. Robertson, M.D. Dr.</b>				22b. ADDRESS <b>St. Hosp #1 Fulton, Mo</b>		22c. DATE SIGNED <b>8-16-56</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<b>Burial</b>		<b>aug 16-1956</b>	<b>Oakland Cemetery</b>		<b>Moberly Missouri</b>			
24. FUNERAL DIRECTOR <b>Cater Funeral Home Moberly</b>			25. DATE RECD. BY LOCAL REG. <b>Aug-16-1956</b>		26. REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>			

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

---

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.....

*Jerry R. Carter*

Licensed Embalmer No. *490*

P. O. Address *Moberly*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.