.S. No. 300
Rev. 10-48

FILED OCT 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33008
State File No.

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 324

1. PLACE OF DEATH
a. COUNTY: Adair.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Schuyler
c. CITY OR TOWN: Glenwood
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0980 1

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): C
c. (Last): Towles

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20 1956

5. SEX: M.
6. COLOR OR RACE: wht
7. MARRIED, ~~NEVER MARRIED~~, ~~WIDOWED, DIVORCED (Specify)~~:
8. DATE OF BIRTH: May 6, 1878
9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months 5 Days 14
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Greentop, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Moses Towles
13b. MOTHER'S MAIDEN NAME: Mary Buchanan
14. NAME OF HUSBAND OR WIFE: Della Towles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 494-07-4887
17. INFORMANT'S SIGNATURE OR NAME: Della Towles
ADDRESS: Glenwood Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Coronary Thrombosis with Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 17, 1956, *to* Oct 20, 1956, *that I last saw the deceased alive on* Oct 20, 1956, *and that death occurred at* 5:02 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Rhoads, D.O.
23b. ADDRESS: Kirksville, Mo
23c. DATE SIGNED: 10-21-56

24a. BURIAL, ~~CREMATION, REMOVAL (Specify)~~:
24b. DATE: Oct 22, 1956
24c. NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery
24d. LOCATION (City, town, or county) (State): Glenwood, Mo.

DATE REC'D BY LOCAL REG.: 10-25-56
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Morehead-Numan Lancaster

(Licensed Embalmer's Statement on Reverse Side)

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

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1-C

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirkwood, M

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