

FILED OCT 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30996

| | | | | | | | |
|---|--|---|---|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 43 | | PRIMARY REG. DIST. NO. 3007 | | Registrar's No. 576 | |
| 1. PLACE OF DEATH a. COUNTY <i>Bettler</i> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Carter</i> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <i>Joplin Bluff</i> | | c. LENGTH OF STAY (in this place) <i>10 day</i> | | c. CITY OR TOWN <i>Fremont</i> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Joplin Bluff Hospital</i> | | | | e. STREET ADDRESS (If rural, give location) <i>Rt. 1, Fremont, Mo.</i> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>Francis</i> c. (Last) <i>Towles</i> | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 24 1957</i> | | | | |
| 5. SEX <i>Male</i> | | 6. COLOR OR RACE <i>White</i> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i> | | 8. DATE OF BIRTH <i>Aug 17, 1887</i> | |
| 9. AGE (In years last birthday) <i>70</i> | | if UNDER 1 YEAR Months <i>1</i> Days <i>7</i> | | if UNDER 12 HRS. Hours <i></i> Min. <i></i> | | | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Farming</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i> | | 11. BIRTHPLACE (City and State or Foreign Country) <i>Jehon, Ill</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | |
| 13a. FATHER'S NAME <i>Thomas Towles</i> | | 13b. MOTHER'S MAIDEN NAME <i>Mary Bowman</i> | | 14. NAME OF HUSBAND OR WIFE <i>Ruby Towles</i> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>377-20-2867</i> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Ms. Luane Linder New Holland, Ill</i> | | | |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute anterior occlusion</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Acute suppurative cholecystitis - with rupture</i> DUE TO (c) <i>of Gall bladder; Cholelithiasis with 4201</i> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <i>obstruction of bile duct acute peritonitis</i> | | | | 20. AUTOPSY? <i>2</i> 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) (Min.) | | 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 <i>Sept 15, 1957</i> to <i>Sept 23, 1957</i> , that I last saw the deceased <i>alive on Sept 23, 1957</i> , and that death occurred at <i>9:55</i> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>Hardin Olmestrom MD</i> | | | | 23b. ADDRESS <i>Joplin Bluff Mo</i> | | 23c. DATE SIGNED <i>9-27-57</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 24b. DATE <i>9-24-57</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>Dog Valley</i> | | 24d. LOCATION (City, town, or county) (State) <i>Carter Co. Mo</i> | |
| DATE REC'D BY LOCAL REG. <i>10/1/57</i> | | REGISTRAR'S SIGNATURE <i>RH Murrell</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Calvin M. Gordon Van Buren Mo.</i> | | | |

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

RECEIVED

OCT 6 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Allen C. McGee

Licensed Embalmer No. 454

P. O. Address Van Buren

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.