

FILED OCT 1 1957

STANDARD CERTIFICATE OF DEATH

31277

STATE FILE NUMBER

Registration District No. 93

Primary Registration District No. 5338

Registrar's No. 57-64

1. PLACE OF DEATH a. COUNTY Dade			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Dade			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Polk TWP		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Everton Mo R.1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home 3 mi North		Length of stay in 1b	d. STREET ADDRESS 3mi North		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Helle May Tolbert			4. DATE OF DEATH Month Day Year Sept 10 1957			
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 15 1887	9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Ind		12. CITIZEN OF WHAT COUNTRY? usa	
13. FATHER'S NAME Cyrus Crane			14. MOTHER'S MAIDEN NAME Lillian Irland			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Ralph Tolbert Everton Mo Rtl			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia (terminal)					INTERVAL BETWEEN ONSET AND DEATH 6 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Cerebral hemorrhage (coma) 3 weeks	
					DUE TO (c) Hypertensive cardiovascular disease (Known 2 months)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cholecystitis and cholelithiasis					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) None				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.						
20d. INJURY OCCURRED WHILE AT <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		COUNTY STATE	
21. I attended the deceased from 7-14-57 to 9-4-57 and last saw her ^{her} him alive on _____ Death occurred at 4:30pm on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Michael J. Zelazny M.D.			22b. ADDRESS 1636 S. Glenstone, Springfield, Missouri		22c. DATE SIGNED 9-20-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 12, 1957	23c. NAME OF CEMETERY OR CREMATORY Hampton		23d. LOCATION (City, town, or county) (State) Da de Co Mo		
24. FUNERAL DIRECTOR W.R. Allien		ADDRESS Greenfield Mo.	25. DATE RECD. BY LOCAL REG. 9-23-57	26. REGISTRAR'S SIGNATURE J. C. Canada		

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *W. R. Allison*

Licensed Embalmer No. *44*

P. O. Address *Greenville*

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.