

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008827  
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Jefferson City,</b> <sup>0268</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>113 Adams Street</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>113 Adams Street</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>HENRY CATLETT TOLIN</b>			4. DATE OF DEATH Month Day Year <b>MARCH 17, 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 15, 1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Owner of Tolin's Bar</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>70</b>
11. BIRTHPLACE (City and state or country) <b>Jefferson City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jesse B. Tolin</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Surran</b>	14. NAME OF HUSBAND OR WIFE <b>Estelle Ross Tolin</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war(s) date(s) of service) <b>World War I</b>		16. SOCIAL SECURITY NO. <b>495-36-0437</b>	17. INFORMANT Address <b>Mrs. Estelle Tolin 113 Adams JC, MO.</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>Cerebral embolism of long.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 mo.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>163X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Sudantectic of legs with gangrene of left leg</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT, SUICIDE, HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <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 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 <b>Oct 58</b> to <b>March 59</b> and last saw him alive on <b>March 18 59</b> Death occurred at <b>9 PM</b> on the day stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>David L. ... MD</b>		22b. ADDRESS <b>Jefferson City no</b>	22c. DATE SIGNED <b>3-18-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>March 19, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>
23d. LOCATION (City, town, or county) <b>Jefferson City, Mo.</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>Victor B. ...</b>		25. DATE RECD. BY LOCAL REG. <b>18 March 1959</b>	26. REGISTRAR'S SIGNATURE <b>R.P. Harris, MA - MR</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in 18a-18c. No symptoms can be traced. All diseases in Part I must be causally related.

MAR 23 1959

OCT 8 1959

### 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 Velo Buncher

Licensed Embalmer No. 3701  
P. O. Address Jc mo

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.