

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012606

STATE FILE NUMBER

FILED MAY 5 1959 Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 29

300
1-57

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY San Diego	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN San Diego 8040 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 115 West Heidle		Length of stay in lb 30 days	d. STREET ADDRESS (If outside, give location) 3911 Mississippi. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mary Middle Ann Last Preston			4. DATE OF DEATH Month 4- Day 24- Year 59
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 14, 1866
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months 1 Days 10	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and state or country) Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Nicholas Tonnar	
13b. MOTHER'S MAIDEN NAME Mary Battas		14. NAME OF HUSBAND OR WIFE Deceased) John Preston	
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 Mrs Leo Tonnar (Carrollton Mo.)
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infectious Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) old age DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1948			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 Month, Day, Year a.m. p.m. 		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 April 1, 1959 to 4-24-59 and last saw her alive on 4-24-59 Death occurred 8:40 A.M. on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. Hamilton Stator		22b. ADDRESS Carrollton, Mo.	
22c. DATE SIGNED 4-25-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 4-27-59		23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	
23d. LOCATION (City, town, or county) (State) Carrollton Mo.		24. FUNERAL DIRECTOR ADDRESS Marshall F. Horn, Carrollton	
25. DATE RECD. BY LOCAL REG. 4/27/59		26. REGISTRAR'S SIGNATURE Mr. Herbert Calvert	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS MAR 10 1967

APR 17 1967

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 *R. M. Marshall*

Licensed Embalmer No. *2525*

P. O. Address *Carrollton, Va*

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.