MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-024073
STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 3048 Registrar's No. 177

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED JUL 10 1962

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville
Length of stay in 1b 9 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hosp.
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Nodaway
c. CITY OR TOWN Burlington
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First John Middle E. Last Tobin
4. DATE OF DEATH Month 6 Day 29 Year 62
5. SEX Male
6. COLOR OR RACE Cau
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-5-1880
9. AGE (last birthday) 81
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Salesman
11. BIRTHPLACE (City and state or country) Burlington Jct, Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James E. Tobin
13b. MOTHER'S MAIDEN NAME Mary Cummins
14. NAME OF HUSBAND OR WIFE Mrs. Mary Cummins Tobin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Charles Buhler Address St Joseph 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) Cerebro-vascular thrombosis — INTERVAL BETWEEN ONSET AND DEATH 9 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebro-vascular arteriosclerosis — 2
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 23, 1962, to June 29, 1962 and last saw her/him alive on June 29, 1962
Death occurred at 11:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. F. Boland (Degree or title) MD
22b. ADDRESS Maryville Missouri
22c. DATE SIGNED 7/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-3-1962
23c. NAME OF CEMETERY OR CREMATORY St. Patrick's
23d. LOCATION (City, town, or county) (State) Maryville, Mo.
24. FUNERAL DIRECTOR Atchison
ADDRESS Maryville, Mo.
25. DATE RECD. BY LOCAL REG. 7-6-62
26. REGISTRAR'S SIGNATURE Bess Noel

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0745		
2	0740		
3			
4	c		
5	1		
6			
7	0		
8	c		
9	332X		
10			
11			
12	2-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

SEP 12 1962

AUG 21 1962

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 G. M. Ottelman

Licensed Embalmer No. 2279

P. O. Address Maryville, 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.