MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-049345

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 184

FILED JAN 4 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1085
2 0080
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4 0
5 2
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7 0
8 2
9 4221
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12 93-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada — Length of stay in 1b 2yr 10 mo 28 da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. # 3 — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Wilburn Middle Franklin Last Tolliver

4. DATE OF DEATH Month 12 Day 28 Year 62

5. SEX male

6. COLOR OR RACE white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 5-9-1881

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) farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Warsaw, Mo.

12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME John Tolliver

13b. MOTHER'S MAIDEN NAME Martha Hobbs

14. NAME OF HUSBAND OR WIFE Gladys Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. unk

17. INFORMANT Address Records, State Hosp, Nevada, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiovascular Disease	years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	years
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 Feb. 1, 1960, to Staff and last saw him alive on 12-28-62
Death occurred at 9:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.
I viewed the remains.

22a. SIGNATURE (Degree or title) Hilda Muszynski M. D.

22b. ADDRESS State Hosp, Nevada, Mo.

22c. DATE SIGNED 12-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Dec 30, 1962

23c. NAME OF CEMETERY OR CREMATORY Bethel Camp Ground

23d. LOCATION (City, town, or county) (State) Edwards Benton Co. Mo

24. FUNERAL DIRECTOR John F Reser — ADDRESS Warsaw

25. DATE RECD. BY LOCAL REG. 1-2-1963

26. REGISTRAR'S SIGNATURE Anna E. Terry

(Licensed Embalmer's Statement on Reverse Side)

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 John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.