

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-016810

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 4320 Registrar's No. 12

STATE FILE NUMBER

FILED APR 29 1963

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Marion Co.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Shelby</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Palmyra, Mo.</u> | | Length of stay in 1b <u>2 yrs 5mo</u> | c. CITY OR TOWN <u>Bethel, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Maple Lawn Rest Home</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Maple Lawn Rest Home</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Wainwright Tolle</u> | | | 4. DATE OF DEATH Month Day Year <u>April 13, 1963</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Aug. 22, 1887.</u> |
| 9. AGE (last birthday) <u>75</u> | | IF UNDER 1 YEAR Months <u>7</u> Days <u>21</u> Hours <u></u> Min. <u></u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Shelby Co. Missouri.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>John D. Tolle.</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Martha Wheelington.</u> | | 14. NAME OF HUSBAND OR WIFE <u>Grace Denny Tolle</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>no</u> | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT <u>Mrs Dorothy Bue, Bethel, Missouri.</u> | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> |
| DUE TO (b) <u>Hypertension & Arteriosclerosis</u> | | | |
| 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year. a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 <u>4/11/63</u> to <u>4/13/63</u> and last saw <u>her</u> alive on <u>4/12/63</u> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>J. J. [Signature]</u> (Degree or title) | | 22b. ADDRESS <u>Palmyra Mo.</u> | 22c. DATE SIGNED <u>4/19/63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>April, 17/63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Zion Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>1 Mi. West of Bethel, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>C.W. Musgrove. Bethel, Missouri.</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-22-63</u> | 26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u> <u>By Viola [Signature], Deputy</u> |

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

VS 300 Rev. 4/59

10641

21020

3

4 0

5 2

6

7 0

8 2

9331X

10

11

12 86-0

13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

2

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 Edward Musgrave

Licensed Embalmer No. 2719

P. O. Address Bethel, 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.