

FILED SEP 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27596

BIRTH NO. _____		REG. DIST. NO. <u>222</u>		PRIMARY REG. DIST. NO. <u>4333</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>MONITEAU MORRAU-TWP.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>MONITEAU</u>	
b. CITY OR TOWN <u>CLARKSBURG</u>			c. LENGTH OF STAY (in this place) <u>LIFE</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARKSBURG</u>			<u>1680</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO-STREET-NUMBERS</u>				d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>AUBRAY-</u>	b. (Middle) <u>E.</u>	c. (Last) <u>TOLER</u>		4. DATE OF DEATH		(Month) (Day) (Year) <u>9-8-1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>4-15-1878</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (State or foreign country) <u>COOPER-Co-MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>MATHEW-TOLER</u>			13b. MOTHER'S MAIDEN NAME <u>NAUCY-VAUGHN</u>		14. NAME OF HUSBAND OR WIFE <u>JENNIE-TOLER</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-07-7266</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Toler Clarksburg Mo</u>				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>acute</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u>						<u>chr</u>		
	DUE TO (c) _____								
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4201</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>8-15</u> , 19 <u>50</u> , to <u>9-8-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-3</u> , 19 <u>50</u> , and that death occurred at <u>3:30</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J.S. Hume M.D.</u>				23b. ADDRESS <u>Wapton Mo.</u>		23c. DATE SIGNED <u>9-9-50</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-10-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CLARKSBURG - MO</u>				
DATE REC'D BY LOCAL REG. <u>9-12-50</u>		REGISTRAR'S SIGNATURE <u>Birdie Sturgis</u>		FUNERAL DIRECTOR'S SIGNATURE <u>200</u>		ADDRESS <u>James E. Richards, Wapton Mo</u>			

(Licensed Embalmer - Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-15
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9-12-57

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Jemelle E. Richardson*
Licensed Embalmer No. *2466*
P. O. Address *Lipton, 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 this body is not embalmed, fact should be so stated above.