No. 300
10.48

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

FILED DEC 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37084

BIRTH NO. _____ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 4234 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: IRON COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IRONTON RFD. #I
c. LENGTH OF STAY (In this place): 27 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AT HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: IRON RFD #I
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IRONTON? MO RFD #I
d. STREET ADDRESS (If rural, give location): RURAL

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): UNK
c. (Last): TOLANY

4. DATE OF DEATH (Month) (Day) (Year): II 22 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 12/16/1870
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months: II, Days: 6 — IF UNDER 24 HRS.: 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: FARMER
11. BIRTHPLACE (State or foreign country): AUSTRIA- HUNGARY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN TOLANY
13b. MOTHER'S MAIDEN NAME: UNK
14. NAME OF HUSBAND OR WIFE: FRANCIS TOLANY IRONTON MO

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: LIZABETH VINTIA — **ADDRESS**: SOUTH BEND IND.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Double Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Influenza — 3 "

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None — 480X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* II/19, 1949, *to* II/22, 1949, *that I last saw the deceased alive on* II/22, 1949, *and that death occurred at* 10.45 m. *from the causes and on the date stated above.*

23a. SIGNATURE: F. H. Gale M.D. (Degree or title)
23b. ADDRESS: Bismarck Mo.
23c. DATE SIGNED: 11/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: II/25/49
24c. NAME OF CEMETERY OR CREMATORY: PILOT KNOB
24d. LOCATION (City, town, or county) (State): PILOT KNOB MO

DATE REC'D BY LOCAL REG.: Nov. 28, 1949
REGISTRAR'S SIGNATURE: Mrs Avis Jones 128
25. FUNERAL DIRECTOR'S SIGNATURE: HOWELL FUNERAL HOME — **ADDRESS**: IRONTON? MO

(Licensed Embalmer's Statement on Reverse Side)

12-5-49

Officer No. 4

1249-

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 C.A. HOWELL, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed C.A. Howell

Licensed Embalmer No. MO. 3670

P. O. Address IRONTON, 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.