

FILED AUG 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27298

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u>	
c. LENGTH OF STAY (In this place) <u>4 1/2 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>115 Kirby</u>		STREET ADDRESS (If rural, give location) <u>115 Kirby 08830</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDGAR</u> b. (Middle) <u>PORTER</u> c. (Last) <u>TOWLES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August-11-1955</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>Dec-10-1880</u>
9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Brown Shoe Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cairo Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Stokley Port Towles</u>	13b. MOTHER'S MAIDEN NAME <u>Nettie Goodding</u>	14. NAME OF HUSBAND OR WIFE <u>Maggie Towles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>495-78-7448</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edgar Towles</u> ADDRESS <u>Moberly, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CA of Spinal Cord lumber region.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>		19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
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) (m.)	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>May 2, 1947</u> , to <u>Aug 8, 1955</u> , that I last saw the deceased alive on <u>Aug 8, 1955</u> , and that death occurred at <u>4:57 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Dreyer, M.D.</u>		23b. ADDRESS <u>Huntsville, Mo.</u>	
23c. DATE SIGNED <u>8/12/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug-13-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rakland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>
DATE REC'D BY LOCAL REG. <u>8-13-55</u>	REGISTRAR'S SIGNATURE <u>Seablowe</u>	26. FUNERAL DIRECTOR'S SIGNATURE <u>269</u>	ADDRESS <u>Cater Funeral Home Moberly Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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.....
R. M. Carter

Licensed Embalmer No. *411*

P. O. Address *M. Cherry*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (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.