

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034043  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 113

FILED SEP 25 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>CARROLL</u>		a. STATE <u>Missouri</u> b. COUNTY <u>CARROLL</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CARROLLTON</u>		c. CITY OR TOWN <u>CARROLLTON</u>	
Length of stay in lb <u>10 YEARS</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>813 N. Folger</u>		d. STREET ADDRESS (If outside, give location) <u>813 N. Folger</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>Louis</u> Middle <u>Stanley</u> Last <u>Tomlin</u>		Month <u>Sept</u> Day <u>13</u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/9/1883</u>
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>Construction</u>	9. AGE (last birthday) <u>79</u>
11. BIRTHPLACE (City and state or country) <u>CARROLL Co, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Spencer O. Tomlin</u>		13b. MOTHER'S MAIDEN NAME <u>ADELING STANLEY</u>	
14. NAME OF HUSBAND OR WIFE <u>ROSA E. Tomlin</u>		17. INFORMANT <u>Travis Tomlin CARROLLTON, Mo</u>	
15. I WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>Coronary occlusion - massive</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
		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 type="checkbox"/> NO <input checked="" 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 a.m. p.m.	Month, Day, Year	
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>1960</u> to <u>13 Sept 62</u> and last saw her alive on <u>12 Sept 62</u>		Death occurred at <u>6:45 pm 13 Sept 62</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>O. Warren Allen MD</u> (Degree or title)		22b. ADDRESS <u>Carrollton Mo</u>	
22c. DATE SIGNED <u>17 Sept 62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Sept 16, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Powell Cemetery</u>	
23d. LOCATION (City, town, or county) <u>CARROLL County Missouri</u>			
24. FUNERAL DIRECTOR <u>MARSHALL T. MORAL Home CARROLLTON</u>		25. DATE RECD. BY LOCAL REG. <u>9-20-62</u>	
		26. REGISTRAR'S SIGNATURE <u>Will Moore Dept</u>	

**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. Munkie, Jr.*

Licensed Embalmer No. 4469

P. O. Address Carrollton

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.