

FILED JUN 9 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17175

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 438

1. PLACE OF DEATH:

(a) County Greene
Springfield
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
In this community 50 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State (b) County Greene
(c) City or town Springfield
1220 S. Weller (d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert L. Toombs

3. (b) If veteran World War I name war
3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jewel Toombs 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Sept. 28 1896
(Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 27
If less than one day hr. min.

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Toombs & Co.

12. Name Robert L Toombs

13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Clara Ritter
Greene County Missouri

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R.L. Toombs
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 5/127/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer
Springfield, Mo.

(b) Address

19. (a) May 27, 1947 (b) M.E. Landry
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 25
1947 year hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 21
1947 to May 25 1947
that I last saw him alive on May 25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 5 day

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 47

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury 0

23. Signature S.P. Maddux (M. D. or other)

Address Springfield, Mo. Date signed 5/24/47

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

39
2
5

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.