

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23172
Registrar's No. 2878

FILED JUL 22 1948 149
Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4712 Charlotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years
years, months or days

3: (a) PRINT FULL NAME Lincoln R. Toyne

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Della May Toyne 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased January 10th, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 29 hr. min.

9. Birthplace Linwood Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Police Officer

11. Industry or business _____

MOTHER, FATHER { 12. Name Francis B. Toyne
13. Birthplace England
14. Maiden name Mary Anderson
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Della May Toyne
(b) Address 4712 Charlotte

17. (a) Burial (b) Date thereof: 7-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 7-12-48 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4712 Charlotte
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1948 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from March
1, 1948 to July - 9, 1948;
that I last saw him alive on July 7, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 24 hrs

Due to Myocardial fibrosis & Coronary atherosclerosis 1 yr.

Due to Generalized arteriosclerosis

Other conditions Emphysema and cerebral malaria

Major findings: _____
Of operations _____

Of autopsy 930

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature John A. Whitman M.D. or other M.D.
Address 6247 Brookside Blvd Date signed 7-9-48

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.....

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

Signed *Willis H. Bennett*

- - Licensed Embalmer No. *4438*

P. O. Address *K.C., 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.