

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39374

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 10418	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hos.				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission.) a. STATE MO. b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS d. STREET ADDRESS (If rural, give location) 17-3816 CLEVELAND			
3. NAME OF DECEASED (Type or Print) a. (First) DORA b. (Middle) TOOTLE c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) DEC-3-1949		5. SEX F.		6. COLOR OR RACE W.	
7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH DEC-13-1866		9. AGE (In years last birthday) 82 YRS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER	
11. BIRTHPLACE (State or foreign country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME UNKNOWN WARREN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE A.F. TOOTLE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Harold Tootle ADDRESS 3816 Cleveland av.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF TRANSVERSE COLON INTERVAL BETWEEN ONSET AND DEATH 12-23-49 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PERITONITIS DUE TO PERFORATION 12-26-49 DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MYOCARDITIS CHR. 7-48			
19a. DATE OF OPERATION 12-28-49		19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF TRANSVERSE COLON & HEPATIC METASTASIS		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) H. MO.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X					
22. I hereby certify that I attended the deceased from 7 , 19 48 , to 12-3- , 19 49 , that I last saw the deceased alive on 12-3 , 19 49 , and that death occurred at 9:40 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE Harold Tootle M.D. (Degree or title)				23b. ADDRESS 2838 So Grand Blvd.		23c. DATE SIGNED 12-3-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec 4-49		24c. NAME OF CEMETERY OR CREMATORY Griggsville		24d. LOCATION (City, town, or county) (State) Griggsville Illinois	
DATE RECORDED BY LOCAL REG. 986		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmur		ADDRESS 3125 Lafayette av	

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

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
Student Embalmer

Signed Joseph B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.