

FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43890

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. NO. <u>5788</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deventer</u>		c. LENGTH OF STAY (in this place) <u>45 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deventer</u>		0670	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home, No St. Address</u>				d. STREET ADDRESS (If rural, give location) <u>No St. Address</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u> b. (Middle) <u>(none)</u> c. (Last) <u>Toon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 24 49</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>Feb. 27, 1886</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Fancy Farm, Kentucky</u>	
11. BIRTHPLACE (State or foreign country) <u>Fancy Farm, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>A. H. Toon</u>		13b. MOTHER'S MAIDEN NAME <u>Theo Maxey</u>	
13a. FATHER'S NAME <u>A. H. Toon</u>		13b. MOTHER'S MAIDEN NAME <u>Theo Maxey</u>		13c. NAME OF HUSBAND OR WIFE <u>Kate Toon</u>			
14. NAME OF HUSBAND OR WIFE <u>Kate Toon</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kate Toon, Deventer, Missouri.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kate Toon, Deventer, Missouri.</u>		17. ADDRESS <u>Deventer, Missouri.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary infarct</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>4701</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, asthenia, etc. It means the disease, injury, or complication which caused death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Dec 24, 1949</u> , to <u>Dec 24, 1949</u> , that I last saw the deceased alive on <u>Dec 24, 1949</u> , and that death occurred at <u>6:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. P. Lenton D.O.</u>				23b. ADDRESS <u>W. 2nd St. Mo</u>		23c. DATE SIGNED <u>1-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-26-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-14-50</u>		REGISTRAR'S SIGNATURE <u>Anna Harper</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Hummel</u>		ADDRESS <u>Charleston, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 10 REC'D

RECEIVED

Miss. Co. Health Dept

County File No.

Date Filed JAN 19 1950

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 *John F. Munnell Jr*

Licensed Embalmer No. *3851*

P. O. Address *Charleston, 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.