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FILED DEC 4 1950

STANDARD CERTIFICATE OF DEATH

State File No. 39675

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4652 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WRIGHT, MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MTN. GROVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MTN. GROVE</u>	
c. LENGTH OF STAY (in this place) <u>80</u>		d. STREET ADDRESS (If rural, give location) <u>Lake Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>TANDY</u>		b. (Middle) <u>DOSSE</u>		c. (Last) <u>TOOLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 27, 1950</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 15, 1870</u>		9. AGE (In years last birthday) <u>80</u>		if UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GARBIT</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>LABOR</u>				11. BIRTHPLACE (State or foreign country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>GEORGE TOOLEY</u>		13b. MOTHER'S MAIDEN NAME <u>LUCY LACY</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Brown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>N/A</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Chas. Stelved mtn. Grove</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 Occlusion (sudden)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>at once</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 June, 1949, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on June, 1949 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.A. Craig D.O.</u>		(Degree or title)		23b. ADDRESS <u>Mountain Grove Mo</u>		23c. DATE SIGNED <u>11-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holman Vantage</u>		24d. LOCATION (City, town, or county) (State) <u>Douglas County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-22-50</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u>		348		25. FEDERAL DIRECTOR'S SIGNATURE <u>R.W. Barber</u>	

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

County of the State of New York  
Date Filed Dec. 3, 1958

DEC 12 1958

**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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address 14th Ave. New York

**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.