

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **22900**

FILED JUL 30 1951

BIRTH NO. _____ REG. DIST. NO. **142** PRIMARY REG. DIST. NO. **4231** Registrar's No. **28**

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

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain View		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain View	
c. LENGTH OF STAY (in this place) 1 hour		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Ruby b. (Middle) Elaine c. (Last) Tovey			4. DATE OF DEATH (Month) (Day) (Year) July 18-1951
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 13 1901
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping	11. BIRTHPLACE (State or foreign country) Kentucky
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME unknown Johnson		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE George D. Tovey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS George D. Tovey Chicago W. 60th St. 21, Ill
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute heart failure under anesthesia, while extracting teeth. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pyrexia for last 12 yrs. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5337	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 7/18, 1951 , to 7/18, 1951 , that I last saw the deceased alive on 7/18, 1951 , and that death occurred at 9:45 m., from the causes and on the date stated above.			
23a. SIGNATURE James R. Shaffer D.O. (Degree optional)		23b. ADDRESS Wmtn View, Mo.	23c. DATE SIGNED 7/19/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-19-51	24c. NAME OF CEMETERY OR CREMATORY Chicago, Ill.
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Duncan Funeral Home Mtn View, Mo	
DATE REC'D BY LOCAL REG. 7-20-51		REGISTRAR'S SIGNATURE Laura Mitchell	

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED **JUL 23 1951**

Dist. File 22-1-1394

Date Filed 7-26-51

AUG 13 1951

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 *Joe F. Simpson*
Student Embalmer No. _____
Licensed Embalmer No. 4325
P. O. Address *St. Louis, 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.