

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18069**

BIRTH NO.		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>711</b>
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>1 mo + 19 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Cowgill</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No 2</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>		
3. NAME OF DECEASED (Type or Print) <b>Docia</b>		a. (First) <b>Toomay</b>	b. (Middle)	c. (Last)
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan 23 1883</b>
9. AGE (in years, last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife + Teacher</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Hamilton Mo</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Teaching School</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Giles</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Allison</b>		14. NAME OF HUSBAND OR WIFE <b>James M. Toomay</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Floyd Allen Polo M.P.#</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio sclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senile Psychosis</b>		
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)		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 <b>May 12, 1954</b> , to <b>June 30, 1954</b> , that I last saw the deceased alive on <b>June 29, 1954</b> , and that death occurred at <b>8:20 a.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Jorress Thomas M.D.</b>		23b. ADDRESS <b>No. 102 No. 4th State Hsp. No 2</b>		23c. DATE SIGNED <b>6-30-54</b>
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 30, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Braymer Mo</b>
24d. LOCATION (City, town, or county) (State) <b>Braymer, Missouri</b>		24e. LOCAL DIRECTOR'S SIGNATURE <b>445</b>		
DATE REC'D BY LOCAL REG. <b>July 8, 1954</b>		REGISTRAR'S SIGNATURE <b>Lochner M. Allison</b>		
ADDRESS <b>445</b>				

(Licensed Embalmer's Statement on Reverse Side)

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 Charles E. Benford

Licensed Embalmer No. 4674

P. O. Address St. Joseph 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.