

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34542**

FILED NOV 8 - 1954

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 444

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| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u> | |
| b. CITY OR TOWN <u>Brookfield</u> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>Rothville</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McHarney Hospital</u> | | f. STREET ADDRESS (If rural, give location) <u>0210</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Kent</u> b. (Middle) <u>Token</u> c. (Last) <u>Token</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 29 - 54</u> |
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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Aug-8-1899</u> | 9. AGE (In years last birthday) <u>55</u> Months <u>2</u> Days <u>21</u> | IF UNDER 1 YEAR IF UNDER 1 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton Co. Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>George Token</u> | 13b. MOTHER'S MAIDEN NAME <u>Alice Bates</u> | 14. NAME OF HUSBAND OR WIFE <u>Midwood Token</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Midwood Token</u> ADDRESS <u>Rothville MO</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral damage + hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs.</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Self inflicted gun shot wound.</u> | | |
| | DUE TO (c) <u>to pt. temple</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Gun shot</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rothville Chariton Mo.</u> |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from 10/12, 1950, to 10/29, 1954, that I last saw the deceased alive on 10/29, 1954, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>D. W. Dohrnack M.D.</u> (Degree or title) | 23b. ADDRESS <u>211 Lenin Brookfield Mo</u> | 23c. DATE SIGNED <u>10/30/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10/31-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Rothville</u> | 24d. LOCATION (City, town, or county) (State) <u>Rothville MO</u> |
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| DATE REC'D BY LOCAL REG <u>10-30-54</u> | REGISTRAR'S SIGNATURE <u>Nadine Stambach</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Heipani</u> ADDRESS <u>Mendon MO</u> |
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WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *A. L. Leiper*.....

Licensed Embalmer No. *391*.....

P. O. Address *Mendon*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.