

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41265

State File No. ....

5530

FILED DEC 27 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>	c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>124 TOPPING</u>			STREET ADDRESS (If rural, give location) <u>3068 222 So BELLAIRE</u>		
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>TOYNE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30 54</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>Dec 8-1894</u>		9. AGE (In years last birthday) <u>69</u> If UNDER 1 YEAR Months Days If UNDER 4 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BRAIN INSPECTOR ELEVATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>PEARL S. TOYNE</u>		13b. MOTHER'S MAIDEN NAME <u>LIDIA C. McALBRIA</u>	14. NAME OF HUSBAND OR WIFE <u>MARY BYRNS TOYNE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give name or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>489-24-0895</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary Burns K. C. Mo.</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, assthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Coronary Sclerosis</u>					19 years 1 year 4301
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			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 <u>Nov 11</u> , 1953, to <u>Nov 30</u> , 1954, that I last saw the deceased alive on <u>10-20</u> , 1954, and that death occurred at <u>1230 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>P. A. Kienberger</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>5246 St John</u>		23c. DATE SIGNED <u>11-30-54</u>
24a. BURIAL-CREMA-TION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/3/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-1-54</u>		REGISTRAR'S SIGNATURE <u>Neva Minchall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sheel Funeral Home KC Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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No. 300  
10-48

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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..... *John P. Shail*

Licensed Embalmer No. *362*

P. O. Address *T. C. Ho*

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.