

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12729
Registrar's No. 3

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5820

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

1. PLACE OF DEATH a. COUNTY New Madrid b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Gideon (Rural) <i>Andes</i> c. LENGTH OF STAY (In this place) 16 Yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION Home		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gideon, (Rural) 0120 d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED a. (First) Odie b. (Middle) Vance c. (Last) Toole			4. DATE OF DEATH (Month) (Day) (Year) 4-20-1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-20-1899	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR 3 Months	IF UNDER 2 HRS. 3 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY #	11. BIRTHPLACE (City and State or Foreign Country) Marmaduke, Arkansas /		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Edward Vance Toole		13b. MOTHER'S MAIDEN NAME Nancy Moore		14. NAME OF HUSBAND OR WIFE Ola Belle Toole			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Boyce Toole Gideon, Missouri				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 4 mo.	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho genic <i>Coronary</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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				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 12-15, 1954, to 4-19, 1955, that I last saw the deceased alive on 4-19, 1955, and that death occurred at 3 p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) F. P. Hopkins, M.D.			23b. ADDRESS Gideon, Mo		23c. DATE SIGNED 4/21/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-22-55	24c. NAME OF CEMETERY OR CREMATORY Stanfield		24d. LOCATION (City, town, or county) (State) Clarkton, Mo.		
DATE REC'D BY LOCAL REG. 4-20-55		REGISTRAR'S SIGNATURE Mrs F S Hopkins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lloyd M. Russell Piggott, Ark			

(Licensed Embalmer's Statement on Reverse Side)

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd Russee

Licensed Embalmer No. 509-926

P. O. Address Figgott, Ark.

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.