

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8974

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>IRON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WAYNE</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>IRONTON</u>		c. LENGTH OF STAY (In this place) <u>3 DAYS</u>		c. CITY OR TOWN <u>PIEDMONT</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>ST-MARYS HOSPT.</u>				e. STREET ADDRESS (If rural, give location) <u>110</u>			
3. NAME OF DECEASED a. (First) <u>ELIZA</u>			b. (Middle) _____			c. (Last) <u>TONEY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>3 30 1956</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>1-9-1885</u>		9. AGE (In years Last birthday) <u>71</u>		IF UNDER 1 YEAR Month Days Hours Min. <u>2 21</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>THOMASVILLE, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN FRANKS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY DAVIS</u>	
14. NAME OF HUSBAND OR WIFE <u>LEE E. TONEY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Lee E. Toney</u> ADDRESS <u>Piedmont, 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, asthma, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u>				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"/>		490X	
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) (m.) _____		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>6-10</u> , 19 <u>53</u> , to <u>3-30</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-30</u> , 19 <u>56</u> , and that death occurred at <u>12:15A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS (Degree or title) <u>M.D. Ironton Mo.</u>		23c. DATE SIGNED <u>3-31-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-1-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>KOSHKONOB</u>		24d. LOCATION (City, town, or county) (State) <u>KOSHKONOB MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-31-56</u>		REGISTRAR'S SIGNATURE <u>Miss Avis Jones</u>		EMERALD DIRECTOR'S SIGNATURE <u>Norman W. Gish</u> ADDRESS <u>Piedmont Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

VS  
AUG 16 1960

VS AUG 8 1960

VS  
JUL 8 1960

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 .....  
Signature of Student Embalmer

Signed Marvin E Bowles

Licensed Embalmer No. 442

P. O. Address Piedmont

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.