.S. No. 300
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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 9342

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5694 Registrar's No. 97

3

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

**1. PLACE OF DEATH**
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Chillicothe Twp
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): [illegible] Township

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN: Independence
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 3717 Norwood, 7005

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle): Michael
c. (Last): Tuohey

**4. DATE OF DEATH** (Month) (Day) (Year): April 1 - 57

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: May 3, 1916
**9. AGE** (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Tool & Die Maker
**10b. KIND OF BUSINESS OR INDUSTRY**: Bendix Air Craft
**11. BIRTHPLACE** (City and State or Foreign Country): Forest ~~Wichita~~ Kansas
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: M. J. Tuohey
**13b. MOTHER'S MAIDEN NAME**: unknown
**14. NAME OF HUSBAND OR WIFE**: Margaret E. Tuohey

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): National Guard
**16. SOCIAL SECURITY NO.**: 497-10-1929
**17. INFORMANT'S SIGNATURE OR NAME**: Patrick A. Tuohey — ADDRESS: 723 E. 67 KC, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Body & Head Bruises &
ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
~~DUE TO~~ (b): Burning of Entire body
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: Instant

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: 866x

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 39
**20. AUTOPSY?** YES ☐ NO ☒ 2

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Open Field
**21c.** ~~(CITY, TOWN, OR TOWNSHIP)~~ (COUNTY) (STATE): ~~Jack Snipe~~ Chillicothe Twp, Livingston, Mo 057
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Apr. 1 57 1-A
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Plane Crash

22. *I hereby certify that I attended the deceased from* March *to* _____, 19__, *that I last saw the deceased alive on* Apr. 1, 1957, *and that death occurred at* 1-A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Joseph A. Conrad M.D. Coroner
**23b. ADDRESS**: Chillicothe, Mo
**23c. DATE SIGNED**: Apr. 7-57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 4-7-57
**24c. NAME OF CEMETERY OR CREMATORY**: McGillcudy Fuen. Home
**24d. LOCATION** (City, town, or county) (State): Kansas City Mo

**DATE REC'D BY LOCAL REG.**: 4-7-57
**REGISTRAR'S SIGNATURE**: Francis B. Neill
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: E. Beckett Chillicothe Mo 3229

171-0

(Licensed Embalmer's Statement on Reverse Side)

APR 15 1957

MAR 5 1958

APR 18 1957

APR 29 1957

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E Beckett

Licensed Embalmer No. 3227

P. O. Address 910 N Washington Chillicothe Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.