

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005930  
STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 443

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived if institutions; Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1705 Wabash</b> Length of stay in 1b <b>3 yrs</b>		STREET ADDRESS (If outside, give location) <b>1705 Wabash</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>ELSIE</b> Middle <b>TOLER</b> Last <b>TOLER</b>			4. DATE OF DEATH Month <b>JAN.</b> Day <b>21</b> Year <b>1959</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>NEIRO</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Don't know</b>	9. AGE (In years last birthday) <b>93</b> IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>New Albany MISS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Dave Hickman</b>			14. MOTHER'S MAIDEN NAME <b>Penny Hebsain</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Clara Cannon</b> Address <b>1705 Wabash</b>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Coronary Sclerosis</b>		
DUE TO (c) <b>Generalized Arteriosclerosis</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <b>10:15</b> Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>2604 Prospect Avenue</b> COUNTY STATE
21. I attended the deceased from <b>January 25, 1956</b> to <b>January 21, 1959</b> and last saw her alive on <b>Jan. 19, 1959</b> Death occurred at <b>10:15</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Bruce P. Mc Donald</b> (Degree or title)	22b. ADDRESS <b>2604 Prospect Avenue</b>	22c. DATE SIGNED <b>1/21/59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1-24-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Westhamo Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City - Kansas</b>
24. FUNERAL DIRECTOR <b>Braun-Hudson, K.C. Mo.</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>1-23-59</b>	26. REGISTRAR'S SIGNATURE <b>Gene Marshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Bruce P. Mc Donald

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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 e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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