

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013799

STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 57

300  
1-57

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carthage		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks Hospital		Length of stay in 1b	d. STREET ADDRESS Route #2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Fredrick Llevellyn Tooker			4. DATE OF DEATH March 11, 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 16, 1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Merrill, Iowa		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME David Tooker		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Rose Ann Tooker	
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 Mrs. Norman Neilson, Minneapolis, Minn.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute pulmonary edema</i> DUE TO (b) <i>Arteriosclerotic Heart Disease &amp; failure</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200					INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. p.m.	ITEM 4 CORRECTED BY AFFIDAVIT OF Funeral Director 4-21-59 det				
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 Carthage, Mo.		STATE
21. I attended the deceased from 12-9-58 to 3-11-59 and last saw him <del>live</del> live on 3-11-59 Death occurred at 11:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Richard L. Coble</i> (Degree or title) M D			22b. ADDRESS Carthage, Mo.		22c. DATE SIGNED 3-11-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-14-59	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or country) (State) Carthage, Mo.		
24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo.		25. DATE RECD. BY LOCAL REG. 3-13-59	26. REGISTRAR'S SIGNATURE <i>Ely Clinton</i>		

All diseases in Part I must use only standard nomenclature in Item 18. No symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**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 Robert H. Knell .....

Licensed Embalmer No. 4459 .....

P. O. Address Carthage, Mo. .....

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.