

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028047

FILED VS SEP 11 1959

10 Primary Registration District No. 3002 Registrar's No. 180

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b 8 dys		c. CITY OR TOWN Wellsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hospital			In 50 Limits <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) North 2nd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First WALTER Middle EATON Last TOULOUSE				4. DATE OF DEATH Month Sept Day 3 Year 1959								
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/2/1896	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months 10 Days 1	IF UNDER 24 HR 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 General farming		11. BIRTHPLACE (City and state or country) Sparta, Ill		12. CITIZEN OF WHAT COUNTRY U SA					
13a. FATHER'S NAME William Toulouse			13b. MOTHER'S MAIDEN NAME Floritte Lewis			14. NAME OF HUSBAND OR WIFE Emma Schmidt Toulos						
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. 496-40-9802		17. INFORMANT Address Mrs. Emma Toulouse, Wellsville,							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatous							INTERVAL BETWEEN ONSET AND DEATH 1 yr					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Pancreas							1 1/2 yrs					
DUE TO (c)												
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m. 			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 Wellsville, Missouri	
21. I attended the deceased from 2-14-57 to Sept 3, 1959 and last saw her Sept 3, 1959 alive on Sept 3, 1959 Death occurred at 7:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE W. Kellum M.D.					22b. ADDRESS Mexico, Mo			22c. DATE SIGNED Sept 8, 1959				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/6/1959	23c. NAME OF CEMETERY OR CREMATORY Wellsville City			23d. LOCATION (City, town, or county) Wellsville, Missouri			(State)			
24. FUNERAL DIRECTOR B. B. Kells			ADDRESS Wellsville, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 6-1959		26. REGISTRAR'S SIGNATURE Blanche Neely					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

YS SEP 26 1960

OCT 6 1959

MAY 3 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ray Miller

Licensed Embalmer No. 449

P. O. Address Medico

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.