

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007313

FILED VS MAR 9 1960

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 12-60

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY MILLER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MILLER b. COUNTY COLE				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia		Length of stay in 1b 7 day		c. CITY OR TOWN Eugene		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphrey-Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Eugene		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Charles - Dennis - Toner				DATE OF DEATH Month Day Year Feb 29 1960				
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 16 June - 1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter -			10b. KIND OF BUSINESS OR INDUSTRY L		11. BIRTHPLACE (City and state or country) Fort-Scott - Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME George - Toner.			13b. MOTHER'S MAIDEN NAME MARGARETTE - BURNS			14. NAME OF HUSBAND OR WIFE Alice - Toner		
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. 487-05-9122		17. INFORMANT Address Alice - Toner Eugene - Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHIAL PNEUMONIA							INTERVAL BETWEEN ONSET AND DEATH 3 DAYS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CONGESTIVE HEART FAILURE							2 YEARS	
DUE TO (c) MYOCARDITIS							5 YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) UREMIA. ACUTE URINARY OBSTRUCTION						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 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.) NONE						
20c. TIME OF INJURY Hour a.m. p.m. NONE		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.) NONE		20f. CITY, TOWN, OR LOCATION NONE		COUNTY		STATE		
21. I attended the deceased from 1951 to 1960 and last saw her/him alive on 2-29-60 Death occurred at 2:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) L.S. Humphrey, D.O.				22b. ADDRESS Tuscumbia - Mo			22c. DATE SIGNED 29 Feb 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2 March 1960	23c. NAME OF CEMETERY OR CREMATORY City Cemetery -		23d. LOCATION (City, town, or county) Sedalia - Mo				
24. FUNERAL DIRECTOR ADDRESS Keith M. Papp			25. DATE RECD. BY LOCAL REG. Feb. 29, 1960	26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Ruth M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon Mo.

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