

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1957

**-61-014035**  
STATE FILE NUMBER

**1. PLACE OF DEATH**

a. COUNTY

**Jackson**

b. CITY (if outside corporate limits, give TOWNSHIP only)

OR TOWN **Kansas City**

Length of stay in 1b

**15 Yrs.**

**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)**

a. STATE **Missouri** COUNTY **Jackson**

c. CITY OR TOWN

**Kansas City**

Inside Limits

Yes  No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **2445 Troost**

Inside Limits

Yes  No

d. STREET ADDRESS (If outside, give location)

**2445 Troost**

Reside on Farm

Yes  No

**3. NAME OF DECEASED**  
(Type or print)

First **Dorothy** Middle **Tooley** Last **Tooley**

4. DATE OF DEATH

Month **4** Day **19** Year **61**

**5. SEX**

**Female**

**6. COLOR OR RACE**

**Negro**

**7. Married  Never Married**

Widowed  Divorced

**8. DATE OF BIRTH**

**5-28-24**

**9. AGE (last birthday)**

**36**

**IF UNDER 1 YEAR**

Months  Days  Hours  Min.

**IF UNDER 24 HR**

Hours  Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**  
**Maid**

**10b. KIND OF BUSINESS OR INDUSTRY**

**Domestic**

**11. BIRTHPLACE (City and state or country)**

**Lexington, Mo.**

**12. CITIZEN OF WHAT COUNTRY**

**U. S. A.**

**13a. FATHER'S NAME**

**Alfred Parks**

**13b. MOTHER'S MAIDEN NAME**

**Annie M. McKenzie**

**14. NAME OF HUSBAND OR WIFE**

**None**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)**

**NO**

**None**

**16. SOCIAL SECURITY NO.**

**Unknown**

**17. INFORMANT**

**Gracie Triggs, 3222 Wabash**

**18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)**

**PART I. DEATH WAS CAUSED BY:**

**IMMEDIATE CAUSE (a)**

**Pulmonary Edema & Congestion**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

**DUE TO (b)**

**Myocardial Insufficiency**

**DUE TO (c)**

**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)**

**Insanition**

**PART III. If deceased was female was there a pregnancy in last 90 days.**

Yes  No  Unknown

**19. WAS AUTOPSY PERFORMED? YES  NO**

**20a. ACCIDENT  SUICIDE  HOMICIDE**

**20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)**

**20c. TIME OF INJURY** Hour  a.m.  p.m. Month, Day, Year

**20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK**

**20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)**

**20f. CITY, TOWN, OR LOCATION**

**COUNTY**

**STATE**

**21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.**  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**

**L. M. Tillman, Deputy Coroner**

**22b. ADDRESS**

**1618 Lydia Ave**

**22c. DATE SIGNED**

**4/19/61**

**23a. BURIAL, CREMATION, REMOVAL (Specify)**

**Removal**

**23b. DATE**

**4-22-61**

**23c. NAME OF CEMETERY OR CREMATORY**

**Mt. Moriah**

**23d. LOCATION (City, town, or county)**

**Slater, Missouri**

**24. FUNERAL DIRECTOR**

**ADDRESS**

**Jones & Stevens 2315 Linwood**

**25. DATE RECD. BY LOCAL REG.**

**4-20-61**

**26. REGISTRAR'S SIGNATURE**

**Ruth Long**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF L. M. Tillman

**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

*Lawrence A. Jones*

Licensed Embalmer No. 4429

P. O. Address 2315 Jones  
K. C. Davis

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.