

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023382

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 795

FILED JUL 5 1963

VS 300  
Rev. 4/59

15117  
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DATE AMENDED  
INSTEAD OF  
ITEM NO. SHOULD READ

DOCUMENT  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph,</b>		c. CITY OR TOWN <b>St. Joseph,</b>	
Length of stay in lb since <b>1905</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>Meth. Hosp. &amp; Med. Center</b>		d. STREET ADDRESS (If outside, give location) <b>3020 Dale Ave.</b>	
3. NAME OF DECEASED (Type or print) First <b>HENRY</b> Middle <b>DUTTON</b> Last <b>TOEL</b>		4. DATE OF DEATH Month <b>June</b> Day <b>25,</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 8, 1888</b>
9. AGE (last birthday) <b>75</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Merchandise Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hirsch Bros. Co.</b>	
11. BIRTHPLACE (City and state or country) <b>Maryville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George C. Toel</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Frances Dutton</b>	
14. NAME OF HUSBAND OR WIFE <b>Hildred Toel</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. #1</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs. Hildred Toel - St. Joseph, Missouri</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>Pulmonary failure</b> <b>Red Cox pulmonary</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Pulmonary emphysema</b> DUE TO (c) <b>Pulmonary emphysema</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.)	
20c. TIME OF INJURY Hour a.m. p.m. 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 COUNTY STATE	
21. I attended the deceased from <b>6-22-63</b> to <b>6-25-63</b> and last saw him alive on <b>6-25-63</b> Death occurred at <b>4:55 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>L.W. Ide, M.D.</b>		22b. ADDRESS <b>902 Edward St. Joseph, Mo.</b>	
22c. DATE SIGNED <b>6-27-63</b>		23. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 27, 1963</b>	
23c. LOCATION (City, town, or county) <b>St. Joseph, Missouri</b>		23d. (State)	
24. FUNERAL DIRECTOR ADDRESS <b>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July 1, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Wm. Clark Goodill</b>			

USE BLACK INK OR TYPEWRITER RIBBON

AUG 1 1963

JUL 1 0 1963

2110  
2110  
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Permit issued 6-26-63

**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

*Albert C. Harrington*

Licensed Embalmer No. 3358

P. O. Address St. Joseph, 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.