

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042133

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9824 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9824

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| FILED OCT 17 1963  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> Length of stay in lb <u>3 days</u>  |   |
| c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis-Little Rock Hospitale, Inc.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Arkansas</u> b. COUNTY <u>Clay</u>  |   |
| c. CITY OR TOWN <u>Peach Orchard,</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |
| d. STREET ADDRESS (If outside, give location) <u>Box #3</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |
| 3. NAME OF DECEASED (Type or print) <u>Mary Mabel Toler</u>  |   |
| 4. DATE OF DEATH Month <u>Sept.</u> Day <u>30,</u> Year <u>1963</u>  |   |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>   |
| 7. <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH <u>Sept. 17, 1891</u>  |
| 9. AGE (last birthday) <u>72 yr</u>  | IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u> Hours <u>0</u> Min. <u>0</u>                                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   | 10b. KIND OF BUSINESS OR INDUSTRY   |
| 11. BIRTHPLACE (City and state or country) <u>Illinois</u>   | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>   |
| 13a. FATHER'S NAME <u>John Martin</u>  | 13b. MOTHER'S MAIDEN NAME <u>Angie Henry</u>  |
| 14. NAME OF HUSBAND OR WIFE <u>Carl G. Toler, Sr.</u>  | Address <u>Peach Orchard, Ark.</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   | 16. SOCIAL SECURITY NO.   |
| 17. INFORMANT <u>Carl G. Toler Sr.</u>   | Address <u>Peach Orchard, Ark.</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial Infarction, acute</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u><br>DUE TO (b) <u>Coronary atherosclerosis</u> <u>5 yrs.</u><br>DUE TO (c) <u>4201</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |
| 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.<br><input type="checkbox"/> Yes <input checked="" 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 <u>9:10 P.M.</u> Month, Day, Year <u>Sept. 30, 1963</u>   |   |
| 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 <u>Peach Orchard</u> COUNTY <u>Clay</u> STATE <u>Arkansas</u>   |   |
| 21. I attended the deceased from <u>Sept. 27, 1963</u> to <u>Sept. 30, 1963</u> and last saw her <u>alive</u> on <u>Sept. 30, 1963</u> .<br>Death occurred <u>9:10 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |
| 22a. SIGNATURE <u>L. Harrison M.D.</u> (Degree or title)   | 22b. ADDRESS <u>1755 South Grand Blvd.</u>  |
| 22c. DATE SIGNED <u>OCT 2 1963</u>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>   | 23b. DATE <u>10-2-1963</u>  |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Jones Ridge Cemetery</u>   | 23d. LOCATION (City, town, or county) (State) <u>Green County, Arkansas</u>                               |
| 24. FUNERAL DIRECTOR <u>Higginbotham Funeral Home</u> ADDRESS <u>Walnut Ridge Arkansas</u>   | 25. DATE RECD. BY LOCAL REG. <u>OCT 2 1963</u>  |
| 26. REGISTRAR'S SIGNATURE <u>Neal Smith M.D.</u>   |   |

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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OCT 21 1963

STATE OF MISSOURI  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH SERVICES

10-2-1963

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 Larry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

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.

Reverse of Certificate  
10-2-1963  
Jones Ridge Cemetery  
Green County, Missouri  
10-2-1963