

FILED MAR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4202

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5737</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Callaway</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portland</u>		c. LENGTH OF STAY (in this place) <u>60 yrs.</u>		a. STATE <u>Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		b. COUNTY <u>Callaway</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portland</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Charles</u>		b. (Middle) <u>Monroe</u>		c. (Last) <u>Toomes</u>		(Month) (Day) (Year) <u>Feb 13 1949</u>	
(Type or Print)		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb. 6, 1888</u>	
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Cedar County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert E. Toomes</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Shirley</u>		14. NAME OF HUSBAND OR WIFE <u>Maud Toomes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maud Toomes, Portland, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u>				<u>About 2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>Nov 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Liver</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Portland Callaway Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1949</u> , to <u>Feb 13, 1949</u> , that I last saw the deceased alive on <u>2/13, 1949</u> , and that death occurred at <u>1 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.D. Payne M.D.</u>				23b. ADDRESS <u>R#6 Fulton Mo.</u>		23c. DATE SIGNED <u>2-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 16, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portland</u>		24d. LOCATION (City, town; or county) (State) <u>Portland, Missouri</u>	
DATE REC'D BY LOCAL REG <u>Feb. 19-1-49</u>		REGISTRAR'S SIGNATURE <u>Jose M. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen J. ...</u>		ADDRESS <u>Fulton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1949

RECEIVED
District Health Officer No. 6,
District File No. 102
MAR 3 1949
Date Filed

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.

Signed Walter J. Haines, Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 4557

P. O. Address Fulton 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 this body is not embalmed, fact should be so stated above.