

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED MAY 27 1949

State File No. **16182**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2120

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City, Mo.</b> <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>610 West 39th St.</b>		d. STREET ADDRESS (If rural, give location) <b>802 West 39th St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>H.</b> c. (Last) <b>Tothill</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5/13/49</b>		
---	--	--	---	--	--

5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Oct. 28, 1892</b>	9. AGE (In years less birthday) <b>56</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
---------------------	-------------------------------	---	--	--	---------------------------	-------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cab. Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Kansas City Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
---	--	-----------------------------------	--	---	--	---	--

13a. FATHER'S NAME <b>Fred Tothill</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Ward</b>		14. NAME OF HUSBAND OR WIFE <b>None</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. I</b>		16. SOCIAL SECURITY NO. <b>487-05-7313</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George R. Tothill, 1916 Ewig</b>			
--	--	---	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion?</b>		ANTECEDENT CAUSES <b>Created for heart Veterans Hosp</b>					
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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		19b. MAJOR FINDINGS OF OPERATION <b>Refused post mortem</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	--	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>natural</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>H201</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh H. Owens</b> <i>Hugh H. Owens Coroner</i>		23b. ADDRESS <b>1034 Pinalto Bldg</b>		23c. DATE SIGNED <b>5-13-49</b>	
--	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/16/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City., Mo.</b>	
--	--	-----------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <b>5-14-49</b>		REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H. T. Quinn &amp; Sons</b>			
--	--	---	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 .....  
Student Embalmer

Signed

*J. S. Walters*

Licensed Embalmer No.

*2744*

P. O. Address

*K. C. 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.