

FILED OCT 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34159

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 433

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St Johns Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>1025 ?Sergeant</u> | |

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|---|-------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u> | b. (Middle) | c. (Last) <u>Toliver</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28, 1949</u> |
|---|-------------|--------------------------|--|

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|----------------------|---------------------------------|---|---|---|--|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>August 19, 1871</u> | 9. AGE (In years last birthday) <u>78</u> | # UNDER 1 YEAR Months <u>1</u> Days <u>9</u> | # UNDER 1 HR. Hours <u></u> Mins. <u></u> |
|----------------------|---------------------------------|---|---|---|--|---|

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|--|-----------------------------------|---|---|
| 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 (State or foreign country) <u>Nashville, Tennessee</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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|---------------------------------------|--|-----------------------------|
| 13a. FATHER'S NAME <u>Merrit Polk</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE |
|---------------------------------------|--|-----------------------------|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr J. Armstead, 1130 Jackson</u> | ADDRESS <u>Joplin</u> |
|--|-------------------------|---|-----------------------|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embollus</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Instant.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>following sodiun penthol anesthetic.. in surgery..</u> DUE TO (c) <u>operation not started</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sept 25 1949, fell and fractured left hip.. at home.</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>Patient has suffered from hypertension since 1939</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| | | |
|--|---|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, train, factory, street, office bldg., etc.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Home, Joplin Mo. Jasper</u> |
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| | | |
|--|---|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 25 1949</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>fell.</u> |
|--|---|--|

22. I hereby certify that I attended the deceased from 9/25/49, 1949, to 9/28/49 1949, that I last saw the deceased live on 9/28/49, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|---|---|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>Frisko Bldg, Joplin Mo.</u> | 23c. DATE SIGNED <u>10/3/49</u> |
|---|---|---------------------------------|

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|---|----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9-30-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Parkway Cemetery.</u> | 24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u> |
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|---|--|---|---------------------------|
| DATE REC'D BY LOCAL REP. <u>10-6-49</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Hunsaker Mortuary,</u> | ADDRESS <u>Joplin Mo.</u> |
|---|--|---|---------------------------|

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

49
25

RECEIVED 10-10-49

Jasper County Health Office

County File Number 49-10-784

Date Filed 10-14-49

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 *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.