

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5141**
Registrar's No. **74**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. **8568**

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Blue Township**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Blue Township**

d. FULL NAME OF HOSPITAL OR INSTITUTION **109 South Home**

d. STREET ADDRESS (If rural, give location) **109 South Home**

3. NAME OF DECEASED
a. (First) **Elba** b. (Middle) _____ c. (Last) **Tolliver**

4. DATE OF DEATH (Month) (Day) (Year) **February 18, 1950**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED (Specify) **Widowed**

8. DATE OF BIRTH **Sept, 28**

9. AGE (in years last birthday) **60** IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housekeeper**

10b. KIND OF BUSINESS OR INDUSTRY **Self Employed**

11. BIRTHPLACE (State or foreign country) **Tuscumbia, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Charles Cox**

13b. MOTHER'S MAIDEN NAME **Missouri Unknown**

14. NAME OF HUSBAND OR WIFE **James A. Tolliver, Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No** (If yes, give war or dates of service) **None**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Beulah Tolliver, 109 S. Home, K.C.**

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Acute Myocardial Infarction**
ANTECEDENT CAUSES **Coronary Arteriosclerosis**
Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH **48 hrs**
4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Diabetes mellitus**

4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **Pathologist**

20. AUTOPSY YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 **12:05 pm.**, from the causes and on the date stated above.

23a. SIGNATURE **A. E. Usher** (Degree or title) **M.D.**

23b. ADDRESS **2800 main**

23c. DATE SIGNED **2/19/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Feb. 20 1950**

24c. NAME OF CEMETERY OR CREMATORY **Mt. Washington Cemetery**

24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **Feb. 19-1950**

REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Geo. B. Garrison Funeral Home, Indep. Mo.**

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

FEB 24 RECD

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 _____

Licensed Embalmer No. 4123

P. O. Address Independence, 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.