

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12077**
Registrar's No. **467**

April 24
FILED APR 24 1950.

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location) 1502 N. 11th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1502 N. 11th Street.			

3. NAME OF DECEASED (Type or Print) a. (First) Wayne b. (Middle) Marion c. (Last) Toothaker			4. DATE OF DEATH (Month) (Day) (Year) April 14, 1950.			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 17, 1914.	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor		10b. KIND OF BUSINESS OR INDUSTRY M. D.		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME B. W. Toothaker		13b. MOTHER'S MAIDEN NAME Schroer		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Family Records St. Joseph, Mo.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Overdose of sleeping tablets (Phenobarbital)		INTERVAL BETWEEN ONSET AND DEATH 1 day. E970B
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Man died while alone on his bed in his home. He left suicide notes.		
	DUE TO (c) Man died while alone on his bed in his home. He left suicide notes.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION burial	19b. MAJOR FINDINGS OF OPERATION and letters of instructions relative to his burial		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide his home	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Joseph Buchanan Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. April 14 1950 7:00 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW AND INJURY OCCUR? Man took an overdose of narcotics	

22. I hereby certify that I attended the deceased from **on 4/15, 1950**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy M.D. Coroner St. Joseph Mo		23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 4/15/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 19, 1950	24c. NAME OF CEMETERY OR CREMATORY private Vault - Mt. Mora Cem. St. Joseph, Mo.		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE RECD BY LOCAL REG. April 18, 1950	REGISTRAR'S SIGNATURE H. L. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Meierhoff 1946 Colhoun St. St. Joseph, Mo.		

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

0117

APR 26 1950

APR 27 1950

APR 8 1950
MAY 7 1950
JUN 24 1950

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 Albert P. Harrington
Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.