

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23044**  
Registrar's No. **24**

BIRTH NO. _____		REG. DIST. NO. <b>5</b>		PRIMARY REG. DIST. NO. <b>4108</b>		Registrar's No. <b>24</b>		
1. PLACE OF DEATH a. COUNTY <b>Cedar</b>				2. USUAL RESIDENCE (Where deceased lived 10 institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cedar</b>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Stockton</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Stockton</b>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>			b. (Middle)			c. (Last) <b>Toliver</b>		
4. DATE (Month) (Day) (Year) <b>DEATH July 5, 1950</b>								
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>April 11, 1880</b>		
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>24</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Cedar County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Thomas Toliver</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Hudson</b>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Dena Chaney</b> ADDRESS <b>Stockton, Mo</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>pulmonary tuberculosis</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <b>yes</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>7-4, 1950</b> , and that death occurred at <b>7 A</b> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>Wm. B. Richter MD</b> (Degree or title)				23b. ADDRESS <b>Stockton Mo</b>		23c. DATE SIGNED <b>7.5.50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-6-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lindley Prairie</b>		24d. LOCATION (City, town, or county) (State) <b>Cedar County, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7-28-1950</b>		REGISTRAR'S SIGNATURE <b>Geneva Garrison</b> <b>54</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John A. Cantlon</b> ADDRESS <b>Stockton, Mo</b>				

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED AUG 2 1950

Dist. File 850-919

Date Filed 8-5-50

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.