

FILED MAR 7 1951 STANDARD CERTIFICATE OF DEATH

State File No. 5508
59

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. _____

0742
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1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. CITY (If outside corporate limits, write RURAL and give township) Maryville	
c. LENGTH OF STAY (In this place) 10 weeks		0742 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION McBride Nursing Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) c. (Last) TOUHEY			4. DATE OF DEATH (Month) (Day) (Year) 2 18 51		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH 7/24/84		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR: Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Coal & transfer		11. BIRTHPLACE (State or foreign country) Davenport, Ohio	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Jerry Touhey		13b. MOTHER'S MAIDEN NAME Nora Sheen		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-14-7998		17. INFORMANT'S SIGNATURE OR NAME ADDRESS McBride Nursing Home, Maryville, Mo.	

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) Congestive heart failure		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			9 mo	
*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) _____			4341	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____				

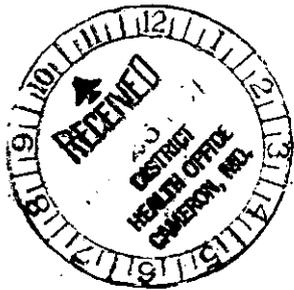
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no operation			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, 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 May 1st 1950, to Feb. 18, 1951, that I last saw the deceased alive on Feb 12, 1951, and that death occurred at 8:30A m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		(Degree or title) M. D.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 2-20-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/22/51		24c. NAME OF CEMETERY OR CREMATORY Miriam		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	

DATE REC'D BY LOCAL REG. 2-24-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.