S. No. 300
v. 10.48

FILED APR 9 1951

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 10391
Registrar's No. 2871

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Pacific Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bloomington 8120 4
d. STREET ADDRESS (If rural, give location): 205 East Oakland

**3. NAME OF DECEASED** (Type or Print)
a. (First): CORNELIUS
b. (Middle):
c. (Last): McTOY

**4. DATE OF DEATH** (Month) (Day) (Year): Mar 26 1951

**5. SEX**: M V
**6. COLOR OR RACE**: negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): m
**8. DATE OF BIRTH**: Feb. 10, 1902
**9. AGE** (In years last birthday): 49 — 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): Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: G.M. & O.R.R.
**11. BIRTHPLACE** (State or foreign country): Jackson, Miss.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Unknown
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Myrtle McToy

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): --
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME**: Myrtle McToy, 205 E. Oakland, Bloomington — ADDRESS

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3/24/51

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hodgkin's Disease — Nov 1950
DUE TO (c):

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

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 201 X
**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) m.
**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* Dec *1950, to* Mar 26, *1951, that I last saw the deceased alive on* Mar 26, *1951, and that death occurred at* 5:00 p *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Claud B Hasto MD
**23b. ADDRESS**: Mo. Pacific Hosp
**23c. DATE SIGNED**: 3/27/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 3-27-51
**24c. NAME OF CEMETERY OR CREMATORY**
**24d. LOCATION** (City, town, or county) (State): Bloomington, Illinois

**DATE REC'D BY LOCAL REG.**: MAR 27 1951
**REGISTRAR'S SIGNATURE**: J B Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE**: Albert H. Hoppe — ADDRESS: 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

## 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~~ me

working under my personal supervision.

Student Embalmer No.

Signed Wm L. Salfen

Signed.....
Student Embalmer

Licensed Embalmer No. 4899

P. O. Address St Charles, 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.