

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32892

State File No.

FILED OCT 22 1951

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 57

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

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>507 South Sumner</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>507 South Sumner</u>			

3. NAME OF DECEASED (Type or Print): a. (First) <u>Kate</u> b. (Middle) <u>Tobbe</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 7, 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 4, 1882</u>	9. AGE (In years last birthday) <u>69</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Thenton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John A. Thomas</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Kincaid</u>	14. NAME OF HUSBAND OR WIFE <u>Charles H. Toll</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles H. Toll - El Dorado Springs, Mo.</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH <u>17 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bladder</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>181X</u>
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 4 May, 1950, to 7 Oct, 1951, that I last saw the deceased alive on 7 Oct, 1951, and that death occurred at 4:35 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Hill</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>El Dorado Springs, Mo.</u>	23c. DATE SIGNED <u>9 Oct, 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-9-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clintonville</u>	24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 12, 1951</u>	REGISTRAR'S SIGNATURE <u>George W. Nelson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston & DeWitt</u>	ADDRESS <u>Brothers - El Dorado Springs, Mo.</u>
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~~DIVISION OF HEALTH OF MD.
District No. 5 - Springfield~~

~~RECEIVED OCT 16 1951~~

~~Dist. File _____~~

~~Date Filed _____~~

~~HEALTH OF MD.
Springfield
OCT 16 1951~~

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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 W. W. Pickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Springs

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.