

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41213

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 169

0362

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

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington.</u>	
c. LENGTH OF STAY (in this place) <u>23 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>309 Market St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Adelaide</u>	c. (Last) <u>Toben</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24th, 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>May 6th, 1888.</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Gildehaus, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Sieve.</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Stines.</u>	14. NAME OF HUSBAND <u>Henry Toben.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Toben</u>	ADDRESS <u>309 Market St.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis - Pneumonia</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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 20, 1951, to Dec 24, 1951, that I last saw the deceased alive on Dec 24, 1951, and that death occurred at 10:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Washington, Mo.</u>	23c. DATE SIGNED <u>12-26-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 28, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Borgia Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 27, 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Washington, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

FILE NO. . . . .  
DISTRICT HEALTH OFFICE NO. 4

RECEIVED  
DEC 30 1951

**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 *Lester A. Witt* .....

Licensed Embalmer No. *3254* .....

P. O. Address *Washington, D.C.* .....

\*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.