

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41868

State File No.

5305

FILED DEC 26 1951 BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4401 Jefferson Street		d. STREET ADDRESS (If rural, give location) 4401 Jefferson Street	
3. NAME OF DECEASED (Type or Print) a. (First) Frederick B.		c. (Last) TOUSSAINT	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) Dec 8, 1951	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 15, 1900
9. AGE (In years last birthday) 51		10. KIND OF BUSINESS OR INDUSTRY Optometrist	11. BIRTHPLACE (State or foreign country) Brooklyn, New York
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Theodore Toussaint		13b. MOTHER'S MAIDEN NAME BERNADINE FRANK	
14. NAME OF HUSBAND OR WIFE Mabel Toussaint		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 487-05-9103		17. INFORMANT'S SIGNATURE OR NAME Dr. Marilyn Toussaint 4401 Jefferson	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Pancreas ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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. 15ix		19. DATE OF OPERATION Sept 1951	
19b. MAJOR FINDINGS OF OPERATION Carcinoma of the Pancreas		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE none		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)	
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 Aug 29, 1951, to Dec 8, 1951, that I last saw the deceased alive on 6 Dec, 1951, and that death occurred at 4:40pm, from the causes and on the date stated above.			
23a. SIGNATURE V.H. Bergmann (Degree or title) M.D. MD		23b. ADDRESS 1120 Professional Bldg	
23c. DATE SIGNED 12.10.51		24a. BURLIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE DEC. 10, 1951		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. J. Newcomer, Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 12-10-51		REGISTRAR'S SIGNATURE Geraldine Holmes	

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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 John R. Sidman

Licensed Embalmer No. 4501

P. O. Address Kansas City, 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.