

S. No. 3000  
 10. 48  
 # 0170  
 1  
 MAR 26 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH 5208 State File No. 7682

BIRTH NO. _____		REG. DIST. NO. <u>387</u>	PRIMARY REG. DIST. NO. <u>5207</u>	Registrar's No. <u>4</u>
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Carroll</u>		
b. CITY OR TOWN <u>Hale</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Hale</u> <u>0170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Blanche</u> b. (Middle) <u>Toppass</u> c. (Last) <u>Toppass</u>		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>21</u> (Year) <u>52</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 30 1876</u>	9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>23</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Livingston Co Mo</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>JAMES TOPPASS</u>		
13b. MOTHER'S MAIDEN NAME <u>MATILDA SEAHY</u>		14. NAME OF HUSBAND OR WIFE <u>Sumner MO</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Maude Stewart-Mendon</u> ADDRESS <u>Sumner MO</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental, clothing</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Caught on fire from coal stove.</u> DUE TO (c) <u>burns extending over entire body. (3rd degree burns)</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hale Carroll MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-21-52 6PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Clothing caught on fire from stove</u>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:20 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Ray Dickinson</u> (Degree or title) <u>3 Coroner</u>		23b. ADDRESS <u>Logan MO</u>		23c. DATE SIGNED <u>3/21/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/23/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hale</u>
24d. LOCATION (City, town, or county) (State) <u>Hale MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Shepard</u> ADDRESS <u>Mendon MO</u>		
DATE REC'D BY LOCAL REG. <u>3-22-52</u>		REGISTRAR'S SIGNATURE <u>Mrs Rex Henderson</u>		

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed S. J. Leppard

Licensed Embalmer No. 3979

P. O. Address Mendon 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.