S. No. 300
Rev. 10-48

HUD AUG 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27480

State File No. 27480

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5275 Registrar's No. 48

0230

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

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wayland
c. LENGTH OF STAY (in this place): Sac Moines Tp
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wayland Mo
d. STREET ADDRESS (If rural, give location): 0230

3. NAME OF DECEASED (Type or Print)
a. (First): Velma
b. (Middle): Fern
c. (Last): Toops

4. DATE OF DEATH (Month) (Day) (Year): 8-14-52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-25-1894
9. AGE (In years last birthday): 58 — 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): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and State or Foreign Country): Knox City Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Cephas B. Chaney
13b. MOTHER'S MAIDEN NAME: Edwilda Davis
14. NAME OF HUSBAND OR WIFE: William Toops

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.: ✓
17. INFORMANT'S SIGNATURE OR NAME: John C. Inman — ADDRESS: Kahoka Mo

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): Cerebral Hemorrhage

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
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* 2-16, 1952, *to* 8-14, 1952, *that I last saw the deceased alive on* 8-14, 1952, *and that death occurred at* 7-p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S H Channing Do
23b. ADDRESS: Kahoka Mo
23c. DATE SIGNED: 8-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-17-52
24c. NAME OF CEMETERY, OR CREMATORY: Kahoka Cemetery
24d. LOCATION (City, town, or county) (State): Kahoka Mo.

DATE REC'D BY LOCAL REG.: 8/18-52
REGISTRAR'S SIGNATURE: J R Bridges 61 O
25. FUNERAL DIRECTOR'S SIGNATURE: Fred J Karle — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

SEP 19 1952

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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 Fred J Karla

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.