

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5524**
Registrar's No. **212**

396
1

FILED MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 24 years		d. STREET ADDRESS (If rural, give location) 1309 N. Campbell Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1309 N. Campbell Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) THOMAS c. (Last) TOOLEY			4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5 Mar. 1863
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Roadmaster	11. BIRTHPLACE (State or foreign country) Pike County, Indiana
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Roadmaster		10b. KIND OF BUSINESS OR INDUSTRY Railway Frisco	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph Tooley		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Sadie K. Tooley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ----	17. INFORMANT'S SIGNATURE OR NAME Sadie K. Tooley ADDRESS 1309 N. Campbell Ave Springfield, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coro - Renal - Vascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 442X	
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy of Prostate		INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) _____	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 1-30, 1953 , to 2-26, 1953 , that I last saw the deceased alive on 2-25, 1953 and that death occurred at 5:45 P m. , from the causes and on the date stated above.			
23a. SIGNATURE Thos. J. ... M.D. (Deputy or title)		23b. ADDRESS Springfield, Missouri	23c. DATE SIGNED 3/3/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 28 Feb. 1953	24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
DATE REC'D BY LOCAL REG. 3/3/53	REGISTRAR'S SIGNATURE L. J. Williamson Deputy Registrar	25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Thieme, Springfield, Missouri ADDRESS _____	

3681 5 E 4/14

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 Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.