

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21870**

FILED JUL 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Washington</u> OR TOWN <u>Rural Kansas City Mo</u>		c. LENGTH OF STAY (in this place) <u>69 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington</u> OR TOWN <u>Rural Kansas City</u>		1000
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9300 Holmes Rd</u>			d. STREET ADDRESS (If rural, give location) <u>9300 Holmes Road</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Sadie</u> b. (Middle) <u>Marie</u> c. (Last) <u>Toliver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 1953</u>		
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>June 7 1884</u>	9. AGE (In years) (last birthday) <u>69</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Joseph Douglas</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Sanford</u>	14. NAME OF HUSBAND OR WIFE <u>Floyd F. Toliver</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd F. Toliver 9300 Holmes Rd</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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> <u>10 years</u> DUE TO (c) <u>Heat Exhaustion</u> <u>3 days</u> II. OTHER SIGNIFICANT CONDITIONS: <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>444XF</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 <u>6/11</u> , 19 <u>53</u> , to <u>6/12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6/12</u> , 19 <u>53</u> and that death occurred at <u>8:30 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm R. Jasper</u>		23b. ADDRESS <u>309 Wirthman Bldg.</u>	23c. DATE SIGNED <u>6/15/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-14-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson County Missouri</u>		
DATE REC'D BY LOCAL REG. <u>June 16 53</u>	REGISTRAR'S SIGNATURE <u>Dr. Annie B. Hedger</u>	136-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France-Wornall Funeral Home</u>		

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

OCT 14 1957

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

Russell N. France

Licensed Embalmer No. *4255*

P. O. Address *K C 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.