

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25918

State File No.

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5977 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2 1/2 Mi. S.E. Aldrich</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aldrich</u> <u>0840</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Union 21st</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOE</u>	b. (Middle) <u>SHELBY</u>	c. (Last) <u>TOALSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 26, 1953</u>
--	-----------------------	---------------------------	--------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 24, 1871</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
-----------------------	----------------------------------	--	---	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing Merch.</u>	11. BIRTHPLACE (State or foreign country) <u>Hallsville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	--

13a. FATHER'S NAME <u>John Toalson</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Allen</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Toalson</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ellen Toalson</u>	ADDRESS <u>Aldrich, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning While Fishing By accidental</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Means.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E9298</u> <u>42</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident on Sac River</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Near Aldrich, Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>084</u> (STATE) <u>Polk, Mo.</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 26, 1953</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Drowning in Sac River S.W. of Aldrich, Mo.</u>
--	---	---

22. I hereby certify that I attended the deceased from June 26, 1953 to June 26, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Willard B. Ewin, Coroner</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Bolivar, Mo.</u>	23c. DATE SIGNED <u>June 30, 1953</u>
---	----------------------------------	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 29-53</u>	24c. PLACE OF BURIAL OR CREMATORY <u>Pleasant Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Aldrich, Mo.</u>
--	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>7/26/53</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Drum Laurel Walnut Street Mo.</u>	ADDRESS
--	--	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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

0840
3

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.