

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3664

State File No.

FILED JAN 29 1954

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Scott</u> <u>1001</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chaffee</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chaffee</u> <u>1001</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>414 No Third st</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>414 No Third st</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Togitha</u>	b. (Middle) <u>—</u>	c. (Last) <u>Toker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 19, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>2 March 30, 1862</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>21</u>	IF UNDER 4 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Buncombe Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Walker</u>	13b. MOTHER'S MAIDEN NAME <u>Mehinda Tucker</u>	14. NAME OF HUSBAND OR WIFE <u>Will Toker</u>
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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>Mrs Myrtle Wilson</u>	ADDRESS <u>Chaffee Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC DECOMPENSATION</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MYOCARDIOSIS, ARTERIOSCLEROSIS 3 yrs</u> DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HYPSTATIC PNEUMONIA, CARDIO-VASCULAR-RENAL DISEASE</u>		<u>1 WK</u>	

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>

22. I hereby certify that I attended the deceased from APRIL, 1951, to JAN, 1954, that I last saw the deceased alive on JAN 18, 1954, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. Monbach, D.O.</u>	(Degree or title)	23b. ADDRESS <u>Chaffee, MO.</u>	23c. DATE SIGNED <u>1-20-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bueby</u>	24d. LOCATION (City, town, or county) (State) <u>Johnson Co. Ill</u>
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DATE REC'D BY LOCAL REG. <u>1-22-54</u>	REGISTRAR'S SIGNATURE <u>Mrs Paul Bueby</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff Funeral Home</u>	ADDRESS <u>Chaffee Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED JAN 25 1954
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 154-17

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 Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Illino, 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.