

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8976**  
Registrar's No. **1350**

FILED APR 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Jackson</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>Kansas City</b>                                    | c. LENGTH OF STAY (in this place)<br><b>53 yr</b> | c. CITY OR TOWN <b>Kansas City</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>Research Hospital</b> |   | e. STREET ADDRESS (If rural, give location)<br><b>1610 Jefferson</b>  | <b>329 1/2</b>  |

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| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Ralph</b><br>b. (Middle) <b>W</b><br>c. (Last) <b>Toyne</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>March 23, 1954</b> |
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|                    |                               |  |  |   |
|--------------------|-------------------------------|--|--|---|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>Aug. 14, 1882</b> | 9. AGE (In years last birthday) <b>71 1/2</b><br>IF UNDER 1 YEAR Months Days<br>IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|--|--|---|

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|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Bailiff</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Circuit Court</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Linwood, Kansas</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S.</b> |
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| 13a. FATHER'S NAME<br><b>Cyrus P. Toyne</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Lydia C. McCabrie</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Leta Toyne</b> |
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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)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>492-38-9178</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Ralph M. Toyne, 322 So. Bellaire</b> | ADDRESS |
|---|---|--|---------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* 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) <b>Chronic Myocarditis</b> | <b>Unknown</b> |                                  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  | DUE TO (b) <b>Pulmonary Embolism</b>  |                | <b>8 days</b>                    |
|  | DUE TO (c) <b>Post-operative Gas tube Reaction</b>                                |                | <b>5 weeks</b>                   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  | <b>Fractured left right</b>   |                | <b>2 1/2 mo.</b>                 |

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|--|---|-------------|---|
| 19a. DATE OF OPERATION<br><b>2-19-54</b> | 19b. MAJOR FINDINGS OF OPERATION<br><b>Perforated hemorrhaging Duodenal Ulcer</b> | <b>5411</b> | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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|--|--|---|
| 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) |
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|   |  |                            |
|---|--|----------------------------|
| 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 **2-19**, 19**54**, to **3-23**, 19**54**, that I last saw the deceased alive on **3-23**, 19**54**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

|   |                                      |                                 |
|---|--------------------------------------|---------------------------------|
| 23a. SIGNATURE <b>Walter W. Cummins</b> (Degree or title) | 23b. ADDRESS <b>1612 Prof. Bldg.</b> | 23c. DATE SIGNED <b>3-25-54</b> |
|---|--------------------------------------|---------------------------------|

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|--|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE <b>3/26/54</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Washington Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Mo.</b> |
|--|--------------------------|--|--|

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|---|---|---|
| DATE REC'D BY LOCAL REG. <b>3-25-54</b> | REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Quirk &amp; Tobin, 20 W. Linwood, K.C. Mo.</b> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....  
Signature of Student Embalmer

Signed *Forrest D. Caldwell* .....

Licensed Embalmer No. *4714* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.