

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29064**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>996</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>1 mo.</u>		c. CITY OR TOWN <u>Halls</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0110</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) <u>W.</u>		c. (Last) <u>TOOTHMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Jan. 16, 1859</u>	
9. AGE (In years last birthday) <u>96</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agricultural</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Monticello, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Newton Toothman</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Allcar</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clark Childers, Rushville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cerebral Hemorrhages</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>Ukn.</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>Left Lower lobar pneumonia</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>On 8/16/55 at 12:30 PM pt. got up from chair at home, started to sit down, missed chair, fell to floor, fractured rt. hip.</u>				1. wk.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural Wayne Twp. Buchanan Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 16, 1955 12:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Started to sit on chair, fell to floor</u>			
22. I hereby certify that I attended the deceased from <u>8/16</u> , 19 <u>55</u> , to <u>9/12/55</u> , that I last saw the deceased alive on <u>9/10</u> , 19 <u>55</u> , and that death occurred at <u>7:00 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Arthur Henry MD</u>		23b. ADDRESS <u>Tootle Building St. Joseph, Mo.</u>				23c. DATE SIGNED <u>9/13/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 14, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kurlin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Halls, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 19, 1955</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark Funeral Home, St. Joseph, Mo.</u>			

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

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.....
B. J. Haney

Licensed Embalmer No. 4679...

P. O. Address St. ... Joseph,

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.