No. 300
10-48

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

FILED FEB 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1683

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jane Chinn Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Webb City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 823 S. Madison
0792

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): D.
c. (Last): Toutz Jr.

4. DATE OF DEATH (Month) (Day) (Year): Feb. 1, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 12, 1894
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 5, Days 19 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gen. Manager Indep.
10b. KIND OF BUSINESS OR INDUSTRY: Garvel Co.
11. BIRTHPLACE (City and State or Foreign Country): Webb City, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Robert D. Toutz Sr.
13b. MOTHER'S MAIDEN NAME: Elizabeth Gentes
14. NAME OF HUSBAND OR WIFE: Marcella Toutz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. # 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Marcella Toutz — ADDRESS: 823 S. Madison St. Webb City, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: One hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

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: 4201
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-1, 1956, *to* 2-1, 1956, *that I last saw the deceased alive on* 2-1, 1956, *and that death occurred at* 5:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Gregory (Degree or title): D.O.
23b. ADDRESS: 624 W. Broadway Webb City, Mo.
23c. DATE SIGNED: 2-3-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-4-1956
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State): Webb City, Mo.

DATE REC'D BY LOCAL REG.: 2-4-56
REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer
474
25. FUNERAL DIRECTOR'S SIGNATURE: Johnston-Arnce-Simpson Mortuary — ADDRESS: Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1956

RECEIVED FEB 6 1956
Jasper County Health Office
County File Number 56-2-117
Date Filed FEB 6 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harvey E. Bruce

Licensed Embalmer No. 4462

P. O. Address Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.