

FILED MAY 23 1956

STANDARD CERTIFICATE OF DEATH

State File No. 16639

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2016

1. PLACE OF DEATH

a. COUNTY Jackson

Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (In this place) Thirty

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 2225 Harrison St (home)

e. STREET ADDRESS (If rural, give location) 2225 Harrison St

23180

3. NAME OF DECEASED (Type or Print)

a. (First) Frankie

b. (Middle) -----

c. (Last) Toney

4. DATE OF DEATH (Month) (Day) (Year) May-8-1956

5. SEX 3

Female

6. COLOR OR RACE

Col.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct, 28-1888

9. AGE (In years last birthday)

67

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unemployed

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and State or Foreign Country)

San Antonio, Tex.

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13a. FATHER'S NAME

Charles T. Wright

13b. MOTHER'S MAIDEN NAME

LAURENCE Jones

14. NAME OF HUSBAND OR WIFE

Granton Toney (dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Rachal 2225 Harrison

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

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

DUE TO (b)

Asthemia
Coroio-vascular disease

DUE TO (c)

Asthemia Senility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Asthemia

4221

19a. DATE OF OPERATION

None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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) (Minute)

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 Jan 15 1956, to May 8 1956, that I last saw the deceased alive on May 7th 1956, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Terry E. Lilly MD

(Degree or title) D

23b. ADDRESS

807 Argyle Bldg

23c. DATE SIGNED

May 9th 56

24a. BURIAL, CREMATION, REMOVAL (Specify)

burial

24b. DATE

May-10-1956

24c. NAME OF CEMETERY

Blue Ridge Cemetery

24d. LOCATION (City, town, or county)

Kansas City, Mo.

(State)

DATE REC'D BY LOCAL REG.

5-9-56

REGISTRAR'S SIGNATURE

Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE

M. J. Williams

ADDRESS

R. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Terry E. Lilly

Arthur

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.....
C. H. West

Licensed Embalmer No. *271*
P. O. Address *K. C. M.*

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.