THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-010713
STATE FILE NUMBER

FILED APR 10 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 110

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Elizabeth Hosp. — Length of stay in 1b 12 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Shelby
c. CITY OR TOWN Shelbina — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) ------ — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: George Henry O'Toole

4. DATE OF DEATH Month Day Year: March 28, 1958

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 21, 1875
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 1, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming - Retired
11. BIRTHPLACE (City and state or country): Amboy, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John O'Toole
13b. MOTHER'S MAIDEN NAME: Elizabeth Griffith
14. NAME OF HUSBAND OR WIFE: Clara O'Toole

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -------
17. INFORMANT: Mrs. Clara O'Toole — Address: Shelbina, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) and Uremia
DUE TO (c) Cerebral Thrombosis 332X — 12 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-16-58, to 3-28-58 and last saw her/him alive on 3-28-58
Death occurred at 4:55 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. L. Grum M.D.
22b. ADDRESS 100 N. Sixth, Hannibal, Mo.
22c. DATE SIGNED 3-31-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-31-58
23c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cath. Cemetery
23d. LOCATION (City, town, or county) (State): Macon, Missouri

24. FUNERAL DIRECTOR ADDRESS: Barkelew & Davis Funeral Service, Shelbina, Missouri (Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG.: 4-3-58
26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. B. Fisher

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED APR 8 1958
MARION CO. HEALTH DEPT.
DATE FILED APR 8 1958

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 John F. Byrd, Student Embalmer No. 554 working under my personal supervision.

Student John F. Byrd
Signature of Student Embalmer

Signed James D. Davis

Licensed Embalmer No. 4478

P. O. Address Shelbina, 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.