MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-036458

STATE FILE NUMBER

FILED VS NOV 2 1959

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5068

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 20 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 811 Grand-Federal Bldg. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1800 E. 48th — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOYCE Middle J. Last TOOHEY
4. DATE OF DEATH: Month Oct. Day 20 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Aug 1, 1902
9. AGE (last birthday): 57
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Voucher Examiner
10b. KIND OF BUSINESS OR INDUSTRY: Treasury Dept.
11. BIRTHPLACE (City and state or country): Baxter Springs, Ks.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Lisle ~~Toohey~~ Mischler
13b. MOTHER'S MAIDEN NAME: Lilla Hallam
14. NAME OF HUSBAND OR WIFE: Emmett Toohey
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.: 512-03-0078
17. INFORMANT: Wayne Mischler, 3610 Troost — Address

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): Coronary Occlusion. — INTERVAL BETWEEN ONSET AND DEATH: 30 min?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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.)
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 Jan '57 to Oct 59 and last saw her/him alive on Mar '59
Death occurred at 9:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: W. W. Gist (Degree or title)
22b. ADDRESS: 330 W 47
22c. DATE SIGNED: 10/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-23-59
23c. NAME OF CEMETERY OR CREMATORY: Beasley Cemetery
23d. LOCATION (City, town, or county) (State): Columbus Kansas
24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar Funeral Home — ADDRESS: Woodland-Linwood
25. DATE RECD. BY LOCAL REG.: 10-21-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

Dr. W. Wilson
330 W 47
LO 1-9696

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 Arthur Eugene

Licensed Embalmer No. 4912

P. O. Address K.C. Mo

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