

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038558

FILED VS OCT 19 1959

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 60

MAILED

1. PLACE OF DEATH a. COUNTY <u>STE GENEVIEVE.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE GENEVIEVE</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STE GENEVIEVE</u>		Length of stay in 1b		c. CITY OR TOWN <u>STE GENEVIEVE</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STE. GEN REST HOME</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Maggie</u> Middle <u>—</u> Last <u>TOOLOOZE</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>16,</u> Year <u>1959</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>FEB 28, 1923</u>	9. AGE (last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>FREDERICKTOWN, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Wm. OGLE</u>			13b. MOTHER'S MAIDEN NAME <u>LIZIE SCRITCHFIELD</u>			14. NAME OF HUSBAND OR WIFE <u>ALONZA TOOLOOZE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>WM TOOLOOZE, R.R. #2, FARMINGTON, MO.</u>				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>hypertension</u>									
DUE TO (c) <u>arteriosclerosis</u>									
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>June 1, 1959 to October 16, 1959</u> and last saw her <u>him</u> alive on <u>Oct. 16, 1959</u> Death occurred at <u>8:45 PM 10/16/59</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Stanley G. Glick D.O.</u> (Degree or title)				22b. ADDRESS <u>690 Rover Street Ste Genevieve, Mo.</u>				22c. DATE SIGNED <u>9/17/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10-19-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS</u>		23d. LOCATION (City, town, or county) <u>ST. LOUIS</u>		23e. (State) <u>Mo.</u>		
24. FUNERAL DIRECTOR <u>James R. Coyle</u> ADDRESS <u>Croyden City, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Oct. 17, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Will Baker</u>				

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 23 100 SK

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 James Richard Cady

Licensed Embalmer No. 4307

P. O. Address CRYSTAL CITY

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.