

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019865

FILED VS JUN 7 1960

Registration District No. 156 Primary Registration District No. Root Registrar's No. 283

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JASPER				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GALENA TOWNSHIP		Length of stay in lb 3 Years		c. CITY OR TOWN GALENA KANSAS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. #2 Galena Kan.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R. #2 East of Galena Kan.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) WILLIAM HENRY TOLIVER				4. DATE OF DEATH Month MAY Day 24 Year 1960				
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-17-1876		
9. AGE (last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) INDIANA		
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME SOLIMON TOLIVER		13b. MOTHER'S MAIDEN NAME REBECA		14. NAME OF HUSBAND OR WIFE Thula Gretta Toliver		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 323-20-5459		17. INFORMANT Martin L. Toliver		Address Galena Kansas		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac hypertrophy + dilatation						INTERVAL BETWEEN ONSET AND DEATH unknown		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ DUE TO (c) Myocardial hypertensive heart disease								
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, a.m. or p.m. Insd dead in home		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.) and not stated		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred April 27 - 28 - 1960 m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Wendell M. Brown (Degree or title)				22b. ADDRESS Spring Mo		22c. DATE SIGNED 5-31-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-29-1960		23c. NAME OF CEMETERY OR CREMATORY Lowell Cemetery		23d. LOCATION (City, town, or county) (State) Cherokee County Kansas		
24. FUNERAL DIRECTOR Roy L. Derfelt		ADDRESS Galena Kan.		25. DATE RECD. BY LOCAL REG. 6-1-1960		26. REGISTRAR'S SIGNATURE Dovee Merriam		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

