

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022148

FILED VS JUN 6 1960 369

Registration District No. 4538 Primary Registration District No. 8 Registrar's No.

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY WAYNE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WAYNE					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PIEDMONT		Length of stay in 1b 15yr		c. CITY OR TOWN PIEDMONT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ✓			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ✓			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EGBERT Middle LEE Last TONEY				4. DATE OF DEATH Month MAY Day 16 Year 1960					
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/22/1882		9. AGE (last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOCTOR OF MEDICINE		10b. KIND OF BUSINESS OR INDUSTRY DOCTOR OF MEDICINE		11. BIRTHPLACE (City and state or country) PIEDMONT, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME WILLIAM P TONEY			13b. MOTHER'S MAIDEN NAME ETTA ASHBY			14. NAME OF HUSBAND OR WIFE PEARL BALLARD TONEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI - WWII			16. SOCIAL SECURITY NO. ✓		17. INFORMANT PEARL TONEY Address PIEDMONT, MO				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Lung (left)								INTERVAL BETWEEN ONSET AND DEATH 1 yr -	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. _____ p.m.		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 4-12-54 to _____ and last saw him alive on 5-16-60 Death occurred at _____ 2:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE George M. Gish - M.D. (Degree or title)				22b. ADDRESS Memphis, Mo.				22c. DATE SIGNED 5-21-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY-18, 1960		23c. NAME OF CEMETERY OR CREMATORY OAK LAWN		23d. LOCATION (City, town, or county) (State) WEST PLAINS MO			
24. FUNERAL DIRECTOR N.W. GISH ADDRESS PIEDMONT, MO				25. DATE RECD. BY LOCAL REG. 5-27-60		26. REGISTRARS SIGNATURE Sheila Loulsee			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 12 1960

JUN 17 1960
J. I. MDC

JUN 6 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont

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.