

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027185

FILED VS AUG 8 1960

3772

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in lb 7 YEARS		d. STREET ADDRESS (If outside, give location) 129 WEST 61ST TERRACE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3918 CHARLOTTE STREET GROSSE NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JULIA Middle RUTH Last TOLMAN			4. DATE OF DEATH Month JULY Day 18 Year 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUNE 27, 1866	9. AGE (last birthday) 94		
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) TEACHER	10b. KIND OF BUSINESS OR INDUSTRY CHICAGO HIGH SCHOOLS	11. BIRTHPLACE (City and state or country) DAVENPORT, IOWA	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME REV. CYRUS F. TOLMAN		13b. MOTHER'S MAIDEN NAME MARY BRONSON	
14. NAME OF HUSBAND OR WIFE ---			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT MRS. FRANK W. TITTERINGTON Address: 129 WEST 61ST TERR KANSAS CITY, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) Generalized Arteriosclerosis		
DUE TO (c) _____		10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of right hip - 4/15/60		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 KANSAS CITY	COUNTY MISSOURI	STATE
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21. I attended the deceased from July 1, 1953 to July 18, 1960 and last saw her alive on July 18, 1960
Death occurred at 12:40 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	22b. ADDRESS 4620 Nichols Parkway	22c. DATE SIGNED 7/19/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 20, 1960	23c. NAME OF CEMETERY MEMORIAL PARK CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 7-20-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

By Affidavit of Florence E. Mac Innis Medical Certification

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chester Brown

Licensed Embalmer No. 493

P. O. Address 150 MI

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.