

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. AUG 22 1960

53

Registration District No. _____ Primary Registration District No. 3010

Registrar's No. 331

=60-029873

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cape		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in lb 73 yr	c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fair View Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Fair View Nuesing Home		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Bertha Middle A Last Toellner			4. DATE OF DEATH Month Aug Day 16 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 12-6-1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 8 Days 10 Hours 10 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) floor lady		10b. KIND OF BUSINESS OR INDUSTRY International Shoe Co.		11. BIRTHPLACE (City and state or country) Cape Girardeau	
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME Gus Toellner		13b. MOTHER'S MAIDEN NAME Minnie Nantz	
14. NAME OF HUSBAND OR WIFE None		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. UNKNOWN	
17. INFORMANT Mr Wm Toellner Poplar Bluff 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) Nephritis, chronic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Thrombosis with left hemiplegia DUE TO (c) Hypertensive Cardio Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH 2 years 4 years 5 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, generalized.				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 April 1952 to Aug. 16, 1960 and last saw her him alive on Aug. 16, 1960 Death occurred at 11:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Edward D Campbell M.D.			22b. ADDRESS Cape Girardeau, Missouri		22c. DATE SIGNED 8-17-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-18-1960	23c. NAME OF CEMETERY OR CREMATORY Lorimier Cem.		23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
24. FUNERAL DIRECTOR Brinkopi Howell, Cape Gir Mo.		25. DATE RECD. BY LOCAL REG. 8-19-1960		26. REGISTRAR'S SIGNATURE Gene Koster	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 24 1960

SEP 16 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. A. Kester

Licensed Embalmer No. 3568

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